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ABSTRACT

Computer Assisted Remedial Education (CARE) I was developed to provide a college level computer-assisted instruction (CAI) course dealing with the identification and diagnosis of handicapping conditions in children. This third volume is a syllabus describing the content and objectives of each instructional frame of the course. The purpose and descriptions of CARE I are offered in the first section, while Section Two contains a detailed listing of content, objectives, and modes of presentation used in CARE I. EM 011 037 through EM 011 043, EM 011 046, EM 011 047, and EM 011 049 through EM 011 058 are related documents. (Author/SH)

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COMPUTER ASSISTED INSTRUCTION LABORATORY

COLLEGE OF EDUCATION · CHAMBERS BUILDING

THE PENNSYLVANIA STATE UNIVERSITY · UNIVERSITY PARK, PA.

Computer Assisted Remedial Education:

Early Identification of Handicapped Children

Syllabus

Mary Ann Villwock
Carol A. Cartwright
G. Phillip Cartwright

Report No. R–43
June 1971

EM 011 052

Note to accompany the Penn State Documents.

In order to have the entire collection of reports generated by the Computer Assisted Instruction Lab. at Penn State University included in the ERIC archives, the ERIC Clearinghouse on Educational Media and Technology was asked by Penn State to input the material. We are therefore including some documents which may be several years old. Also, so that our bibliographic information will conform with Penn State's, we have occasionally changed the title somewhat, or added information that may not be on the title page. Two of the documents in the CARE (Computer Assisted Remedial Education) collection were transferred to ERIC/EC to abstract. They are Report Number R-36 and Report Number R-50.

— Joellyn Carroll: /ERIC/EM

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Ultimate responsibility for course content rests with the principal investigators, Professor G. Phillip Cartwright and Professor Harold E. Mitzel. Professor Carol A. Cartwright played a major role in the overall development of the conceptual model. She also wrote many of the instructional chapters. Other persons who authored or contributed to the authoring of instructional chapters were Asa Berlin, Karen Braddock, Judson McCune, Gerald Robine, David Sabatino, Mary Sabatino, Deborah Schreiber, Robert Sedlak, Richard Starr, and Mary Ann Villwock. Alma Fandal, Steven Hunka, Ralph Peabody, and Herbert Quay served as consultants.

There are numerous support people to whom the investigators are also indebted. The programers--Karen Braddock, Rosemary Hollick, Carolyn Kendall, David Palmer, and Bonnie Shea--interpreted authored materials and programed it in Coursewriter II language. David Palmer supervised operations and coordinated activities with technical personnel. Other course related activities were handled by graduate assistants: Judson McCune, Robert Sedlak, Richard Starr, Mary Ann Villwock, and David Yens.

Leslye Bloom prepared all images for the image projectors and illustrations for the Handbook. Karl Borman was in charge of technical support. The narrative was recorded by Croy Pitzer.

Clerical support was provided by Kris Sefchick, Barbara Lippincott, Kathy Hatton, Sara Jane Thomas, Judy Harley, and Darlene Smith.

FOREWORD

Nearly four million handicapped children in the United States--200,000 in Pennsylvania alone--are not receiving the special educational services that they require in order to become self-supporting, self-respecting citizens. In order to adequately provide for these children, almost 300,000 more specially trained persons are needed to work with handicapped children. The present methods of training educational personnel cannot provide enough trained people to meet these needs.

CARE 1 was developed to provide a complete college-level computer-assisted instruction (CAI) course dealing with the identification and diagnosis of handicapping conditions in children. The course was aimed toward preschool and primary level teachers of seemingly typical children.

This course has been designed to demonstrate the contribution that new educational technology can make in the education and training of teachers (especially inservice teachers) and in providing high quality education to teachers who might not have the opportunity to return to a college campus for refresher training. It is hoped that the course will dramatize the effect that educational technology can have in the field of special education.

Personnel in the department of Special Education and Elementary Education and the Computer Assisted Instruction Laboratory at The Pennsylvania State University have cooperated to develop the program for the IBM 1500 Instructional System located at Penn State. When completed, the course was then transferred to an IBM 1500 System in a mobile laboratory and disseminated to teachers throughout the Pennsylvania Appalachian Region.

This Final Report of CARE 1 is in five volumes. Volume 1 covers the purpose and objectives of the course, the nature of CAI, a general course description, phases of development, course materials, and evaluative methods and results. Volume II is the CARE 1 Handbook, which is not only a summary of the course but also a valuable tool for the student while he takes the course. A Syllabus describing the content and objectives of each instructional frame is Volume III. Volume IV is a planning manual, a detailed description of all the

programing techniques used in CARE 1. It is not only a report but is also designed as a programer's guide for future CAI courses. Volume V is a computer tape which contains the entire CAI course in an easily readable form. The tape also contains all the Coursewriter II coding.

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INTRODUCTION

SYLLABUS
for
CARE 1: Early Identification of Handicapped Children

This syllabus is an outline of the content and objectives that are included in the computer-assisted instruction version of EEC 400: Education of Exceptional Children. This course is also referred to as Computer Assisted Remedial Education, Part One (CARE 1): Early Identification of Handicapped Children.

The purposes and descriptions of CARE 1 are given in Section One of this document. Section Two contains a detailed listing of content, objectives, and modes of presentation as used in CARE 1. In general, teachers who take CARE 1 are expected to assimilate and use the concepts listed in Section Two in order to carry out the CARE 1 Decision Process. (Described in Section One of this document.) Thus, the thrust of CARE 1 is to provide teachers with a systematic procedure for making educational decisions about children in their care.

Development of this CAI course was carried out under a grant from the Bureau of Education for the Handicapped, United States Office of Education; Project No. 48-2129, Grant No. OEG-0-9-482129-4394 (032). Project directors were G. Phillip Cartwright and Harold E. Mitzel.

SECTION ONE
Purposes and Description of CARE 1: Early Identification of Handicapped Children*

Purpose of CARE 1

The purpose of the course called Computer Assisted Remedial Education (CARE 1) is to give educational personnel the knowledge and skills necessary to deal effectively with children who have educational problems.

The course is appropriate for teachers of all grade levels but especially for preschool and elementary school teachers. The course is designed also to be of interest to other educational personnel such as principals and other administrators and supervisors; special class supervisors; school nurses; psychologists; aides; music, art, shop, and physical education specialists; special services personnel; and other school related personnel including day care workers.

The CARE 1 course is designed to prepare inservice preschool and primary level elementary teachers and other interested persons to know the characteristics of, and be able to identify, handicapped children. Handicapped children are defined, for purposes of this course, to be those children who have atypical conditions or characteristics which have relevance for educational programing. Handicapped children include children who display deviations from normal behavior in any of the following domains: a) cognitive, b) affective, and c) psychomotor.

The philosophy of the course is such that teachers are encouraged to look at children as individuals. The use of traditional categories or labels is minimal. However, certain terms and concepts related to handicapping conditions are taught so that persons who take this course are better able to communicate with other professionals in the field.

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*Cartwright, G. P. and Cartwright, Carol A. A computer-assisted instruction course in the early identification of handicapped children. Journal of Teacher Education, in press.

Off-line Materials Used in CARE 1

When a student is interacting with the computer assisted instruction (CAI) system, he is said to be working "on-line." On-line instruction in the CARE 1 course is dependent upon additional materials which are not controlled by, nor accessible to the computer system. These materials are called "off-line" materials; they play a large and very important role in the course.

CARE 1 Handbook. The CARE 1 Handbook was written especially for the CARE 1 course. The book is 400 pages in length and contains a 350-item glossary of terms used in the course. It has two functions. First, the Handbook is a detailed summary of the course material. It may be used as a reference or refresher after a student has completed the course of instruction. Second, the Handbook contains reference material to which the student must refer when he is working on-line. The reference material consists of charts, tables, student cumulative records, examples of evaluation devices, definitions, and many other kinds of information. The Handbook also serves as a readily available notebook in which students make notes of important points.

Specimen tests. The appropriate usage of three screening tests is taught. The three tests are the Denver Developmental Screening Test, the Metropolitan Readiness Tests, and the First Grade Screening Test. These tests were designed to be used by teachers and others who have not received extensive training in testing. Each participant in the project receives sets of all three instruments. Actual test administration is simulated and problem areas pointed out. Teachers are asked to score and interpret results of the simulated administrations.

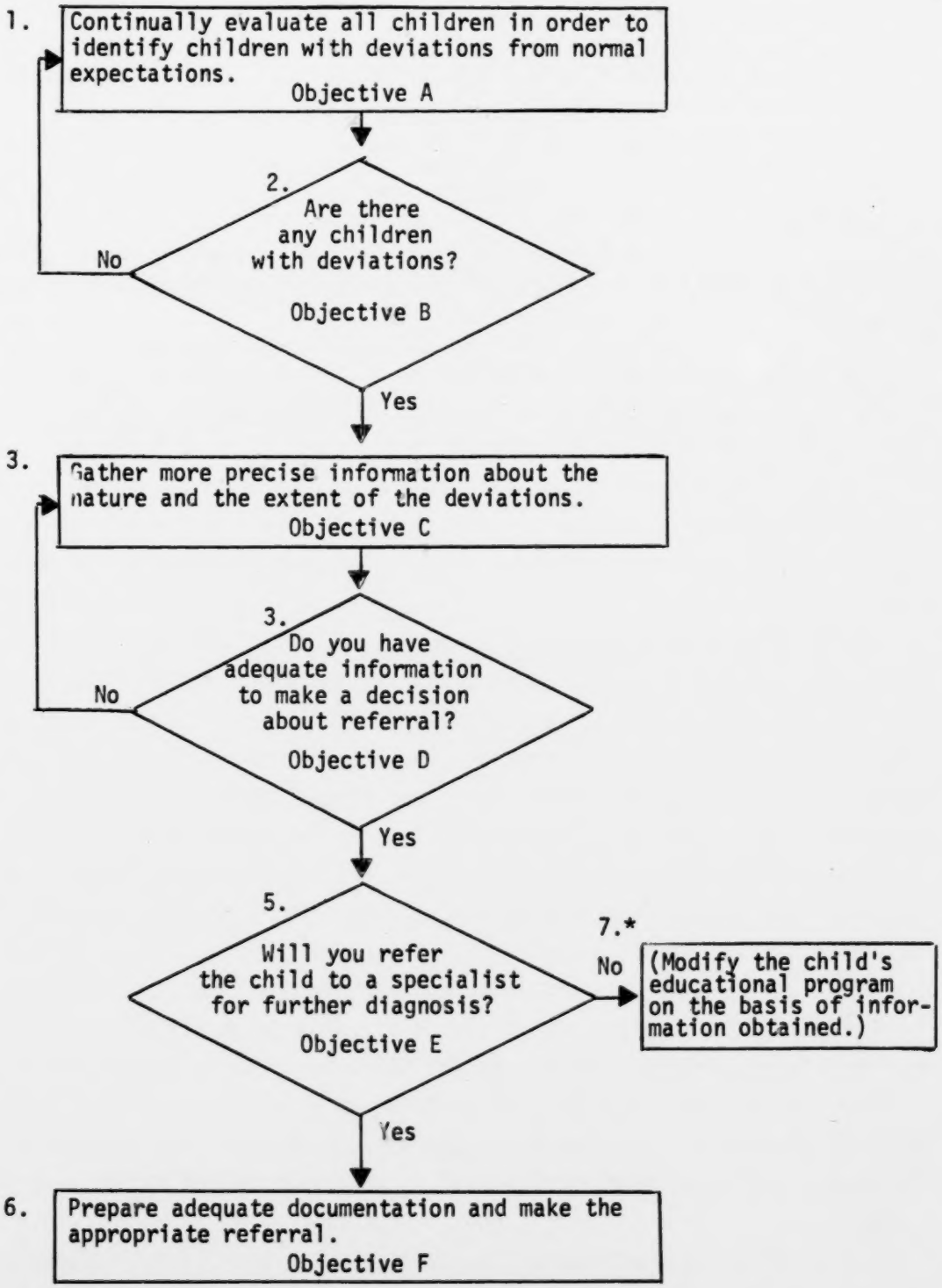
Textbook. The textbook used as a supplement to the course is:

> Smith, R. M. (ed.). Teacher diagnosis of educational difficulties. Columbus, Ohio: Charles E. Merrill, 1969.

Objectives

Upon completion of the CAI course, participants will have achieved the following objectives that are directly correlated with the decision process flowchart shown in Figure 1. Participants will:

A. know the characteristics of handicapped children and be aware of symptoms which are indicative of potential learning problems;



*This step is the subject of a CAI course to be developed.

Fig. 1. Decision Process.

B. be able to screen all children in regular classroom programs for deviations and determine the extent of the inter-individual differences;

C. be able to select and use appropriate commercial and teacher-constructed appraisal and diagnostic procedures for those children with deviations in order to obtain more precise information as to the nature of the deviation;

D. be able to synthesize information by preparing individual profiles of each child's strengths and weaknesses on educationally relevant variables;

E. be able to evaluate the adequacy of the available information in order to make appropriate decisions about referral to specialists;

F. be able to prepare adequate documentation for a child if the decision to refer is affirmative.

It is expected that the teachers who exhibit the competencies listed above will systematically evaluate children's learning and formulate appropriate educational plans according to the decision process outlined in the following section.

Relationship between objectives and the decision process. The six objectives are directly associated with the first six steps (boxes) in the decision process (Figure 1). The first two steps in the decision process dictate that the teacher evaluate all the children in the classroom in order to identify those children who exhibit deviations from normal behavior. Objectives A and B are related to the first and second steps in the decision process.

Evaluation should be thought of as a continuous process which is an integral part of the total educational effort. The evaluation process includes two major tasks: a) obtaining both quantitative (numerical) and qualitative (categorical) data about children's abilities in the cognitive, affective, and psychomotor response domains; and b) making value judgments about these data. To identify children who exhibit deviations from normal expectations is to make a value judgment that a particular behavior is considerably different from that which is displayed by a majority of the child's chronological age peers and is, therefore, different from the behavior usually expected of children in that age group.

In order to make appropriate educational judgments (i.e., judgments which result in educational planning aimed at intervening for the purpose of preventing potential learning problems, correcting existing learning problems, or enhancing learning assets), teachers need information about the atypical

conditions and characteristics which are likely to be present, to some degree, in groups of school age children. Information concerning both normal behavior and possible abnormal behavior in each of the response domains (cognitive, affective, and psychomotor) is the prerequisite for the task of screening children with deviations. It is assumed that inservice teachers possess adequate knowledge concerning normal behavior and operate, in general, with expectations of normal behavior for the children in their classrooms. The investigators maintain that the majority of inservice teachers have not had an opportunity to acquire extensive information about possible deviations, or abnormalities, in behavior which influence learning. Therefore, course content used in association with Objective A provides the basic information which is the prerequisite for the screening task (Steps One and Two) and for subsequent tasks in the decision process.

The following items are examples of the course content for Objective A: a) definitions of atypical children; b) descriptions of various groups of atypical children such as mentally retarded and emotionally disturbed children; c) descriptions of children with speech, motor, auditory, and visual problems; and d) justification for the use of certain variables in describing atypical children. Since the course is intended for teachers working with preschool and primary level children who may not yet manifest clear-cut signs of atypical behavior, teachers are given information related to the more subtle clues to incipient problems.

Acquisition of the prerequisite information allows the teacher to identify or screen out those children who exhibit deviations from normal behavior. Achievement of Objective B enables the teacher to make correct use of data which are usually readily available to classroom teachers. Course content directed toward Objective B focuses on the following: a) the relative nature of normality in terms of socio-cultural factors, and societal and educational expectations; b) inter- and intra-individual differences; c) interpretation of information which is generally available for all children in the group such as results of group intelligence, readiness, and achievement tests, questionnaire responses concerning home and family; and d) the continuous and circular nature of the screening process.

During the first phase of the decision process, the teacher surveys the entire group of children for performance on certain relevant variables in order to select those individuals who exhibit deviations of a sufficient degree to warrant more intensive diagnosis. With the completion of the screening at any one time, the teacher will have formulated "suspicions" or hypotheses about some of the children in the group and will proceed to the third step in the decision process for these children. It should be noted that the teacher would continue to use the screening process as new group data become available.

During the third step in the decision process, the teacher gathers precise information concerning the nature and the extent of each individual child's deviation. Objective C is associated with this step. At this point, the teacher adds information about each child's intra-individual differences to that previously obtained (in the first step) about the inter-individual differences. The teacher needs to obtain data concerning discrepancies within the individual's growth pattern (the child's specific abilities and disabilities) for each of the children selected during the screening process.

Achievement of Objective C enables the teacher to perform at the third stage of decision making. Course content for Objective C includes: a) rationale for use of a variety of appraisal procedures; b) use of commerically prepared tests and non-testing materials; c) techniques of constructing and using teacher-made tests and non-testing procedures, both formal and informal; d) criteria for selection of appraisal procedures with emphasis on validity and reliability relative to a variety of purposes; e) sources of information about the child from other individuals, such as peers and parents; f) use of day-to-day informal situations, devised by the teacher, to yield information about attainment of specific behaviors of interest. The emphasis at step three of the decision process, and for Objective C, is on individualizing appraisal for each child with reference to the deviations noted during screening. The teacher seeks information in addition to that which is usually available for all children, and this information will be unique to the deviation for which the child was screened out of the total group.

Tentative completion of the third stage in the decision process, together with achievement of Objectives D and E, enables the teacher to evaluate the comprehensiveness of the obtained data and, therefore, make the decisions required in Steps Four and Five. Course content associated with Objective D includes: a) description of profile charts and related diagrams; b) procedures for selecting certain variables for inclusion in an individual's profile; c) interpretation of normative data; d) rationale for the use of various kinds of information, from a variety of sources, in combination; and e) techniques of constructing and using profile charts and related diagrams. Course content for Objective E consists of: a) criteria for determining the comprehensiveness of the obtained data; b) information concerning the specialists who can be expected to provide various types of intensive diagnostic services for children; and c) descriptions of the classroom teacher's role in relation to the roles of various specialists.

If the teacher makes a negative decision at Step Four, he needs to return to Step Three and collect the information required to complete the child's profile chart before proceeding through to Step Five. However, if the teacher is able to make an affirmative decision at Step Four, he will proceed immediately to the next decision block, which is Step Five in the process.

In formulating an answer to the question posed at Step Five, the teacher asks himself: Have I exhausted all sources of information available to me in my role as a classroom teacher? Can I make educational plans for this child on the basis of information currently available? Do I need more information before making educational plans for this child.

If the decision at Step Five is for referral, the teacher will proceed to Step Six. Objective F is related to Step Six. Course content associated with Step Six includes: a) criteria for selecting the appropriate specialist for various types of referrals; b) procedures to be used in documenting the request for referral; c) descriptions of general procedures to be followed in making referrals; d) activities which might be required of the teacher subsequent to requesting a referral; and e) feedback to be expected by the teacher relative to disposition of the referral.

If the decision for referral at Step Five is negative, the teacher will be responsible for modification of the child's educational program within the

regular classroom setting (Step Seven in the decision process). It is not possible in this one course to deal with extensive modification of programs. A second course is planned to cover this problem. Modification of pedagogical programs for atypical children would include the following topics: a) techniques of effective classroom management; b) specialized teaching strategies which might be used for amelioration of difficulties, or for enrichment, in various subject-matter areas; c) special materials to be used in association with specific strategies; d) sources of information regarding specialized strategies and materials; and e) resource persons usually available to assist classroom teachers.

SECTION TWO

Content, Objectives, and Modes of Presentation of CARE 1: Early Identification of Handicapped Children

I. OVERVIEW

Mode of Presentation	Objective*	Content
		A. Purposes of course
Audio		1. Provide information to school-related personnel to help them identify children with problems which might interfere with their educational progress
Audio		2. Provide information to help educators use early intervention in: a. remediating children's problems b. preventing educational difficulties
		B. Objectives: as a result of CAREl, teachers will be able to:
Series of images (7)		1. Communicate effectively with specialists who work with handicapped children
		2. Identify those children who have handicaps that may be detrimental to their educational programs
		3. Decide which children need the aid of specialist and which children can be helped by the classroom teacher
		4. Keep accurate and objective records and make decisions about children in terms of their observable behaviors

*Objectives which are taught but not tested are not included in this list. Instances where the Objective column is blank means that the Content (right hand column) is presented but no immediate check of the learning is made.

Mode of Presentation	Objective	Content
Audio		C. Necessity of early intervention 1. Handicapping conditions are cumulative a. if handicapped children are identified while they are still young, the occurrence of more serious handicaps may be prevented b. if a child's educational problem goes unidentified, he is likely to fall farther and farther behind his peers in school 2. Teachers and school personnel are in a unique position to help identify problems of children and prevent cumulative educational deficits
CRT*	Speculate that 180,000 children in Pennsylvania are not receiving needed special services (mult. ch.)	D. Extent of current problem; need for services 1. Pennsylvania a. 700,000 handicapped children of school age b. 180,000 not receiving special educational services 2. United States a. 6 million handicapped children b. 3 3/4 million not receiving vital services

*Student response required

Mode of Presentation	Objective	Content
		E. Definitions
Image		1. Handicapped children: those children who deviate so far from average that they cannot profit satisfactorily from regular school programs and thus require special provisions in order to achieve their educational potentials
		2. Exceptional children: any children who differ from average or normal, including the very bright as well as the very dull
		3. Disability: partial or complete loss of function of some part of the body
		a. usually refers to loss of function resulting from structural impairment at cellular tissue level
CRT*	Indicate that there is a difference between a disability and a handicap (alt. resp.)	4. Handicap: loss of function specific to situation
		a. person may be handicapped in one situation and not in another
CRT*	Given example of person with a disability, select the situation in which he would be less handicapped (alt. resp.)	

*Student response required

Mode of Presentation	Objective	Content
Image		F. Use of categories 1. Legislative definition of categories of handicapped children: "Mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, crippled, or other health impaired children who by reason thereof require special education."
Audio Image		2. Use of labels tells nothing about specific strengths, weaknesses, or interests of the child
Image		a. may stigmatize individual child b. may not lead to prescriptive treatment c. essential to deal with handicapped children as individuals and not as a group
		3. Much relevant information tied to category system
		a. terminology and concepts are well known among professionals b. more appropriate model has not been developed for immediate use

II. EDUCATIONAL INFORMATION PROCESSING MODEL

Mode of Presentation	Objective	Content
CRT	Optional review of the definition of handicapped children	
		A. Purposes
CRT*	Recall that problems should be identified as soon as possible (compl.)	1. To aid in identifying children with handicaps
CRT*	Explain that problems should be identified early because the effects are cumulative (short ans.)	
CRT*	Identify school nurse as person qualified to advise on minor medical problems in the school (short ans.)	2. To provide common frame of reference for communicating with other professionals
Image		
CRT*	Select point in decision process at which communication with other professionals is most important (mult. ch.)	
CRT*	Recall communication with other professionals as being facilitated by the Information Processing Model (compl.)	
Image		B. Input or receptive unit of model
		1. Extracts stimuli from environment
		a. effectiveness depends largely on intactness of receptive systems

*Student response required

Mode of Presentation	Objective	Content
Image		
CRT*	Identify vision, hearing, and touching as the 3 main inputs (short ans.)	2. Types of inputs a. visual b. auditory c. tactile d. olfactory e. gustatory
Audio		3. Associated disorders a. vision problems b. auditory problems c. physical problems
CRT*	Given behaviors of a particular child, identify the problem implied by the behaviors (short ans.)	
CRT*	Conclude that children who have trouble extracting stimuli from the environment will have trouble in other areas as well (alt. resp.)	4. Child with problems in any of these areas will have difficulty with other three components of the processing model a. information may be missed completely or may be received in incomplete or inaccurate state; therefore, it will be stored in an incomplete or inaccurate state
CRT*	Conclude that 2 children may look at or listen to the same event but not see or hear the same thing (alt. resp.)	
Image		5. Problems in any of these areas cannot be observed directly; must be inferred from outputs
		C. Information processing unit of model 1. Receives information from input channels, processes it, and stores it for immediate or later use

*Student response required

Mode of Presentation	Objective	Content
		a. child makes sense of incoming data by associating it with his existing repertoire of information
CRT*	Identify brain as central unit of information processing, storage, and retrieval (short ans.)	2. Brain: central feature of information processing unit
		3. Associated disorders a. mental retardation b. emotional disturbance c. learning disability d. brain injury e. cultural disadvantage
		4. Disorders in this unit most difficult to identify and remediate a. cannot be directly observed; must be inferred from outputs
		D. Output unit of model
		1. Outputs occur after individual realizes, on basis of association and integration of incoming data, that response is called for
CRT*	Conclude that operating receptive and associational components do not guarantee the making of a correct response (alt. resp.)	a. ability to make correct responses depends on: 1. number of responses in repertoire 2. ability to select appropriate response to particular situation

*Student response required

Mode of Presentation	Objective	Content
Image		2. Main output channels a. vocal b. motor
CRT*	List speech and motor behavior as the only two sources of behavioral information (short ans.)	3. Only unit that can be used for behavioral information; inferences about problems in other units of model based on speech and motor activities
CRT*	Recall that problems related to outputs can actually be seen while problems related to inputs of information processing can only be inferred (compl.)	
Audio Image		4. Associated disorders a. speech problems b. physical problems c. chronic health problems
Image		E. Monitor and feedback system
Image	Identify feedback system as the fourth component of the Information Processing Model (short ans.)	

*Student response required

Mode of Presentation	Objective	Content
		1. Helps individual determine appropriateness of particular response to a particular set of stimuli a. effectiveness of learning contingent upon feedback to learner 2. Child may monitor own performance by extracting relevant feedback from incoming stimuli
CRT*	Recognize that the perceptual-motor system is circular and continuous (alt. resp.)	
CRT Audio	Optional review of information processing system	
Series of Images (8)		
CRT	Quiz:	
CRT*	List the 3 major units of the Information Processing Model (short ans.)	
CRT*	List 2 disabilities associated with inputs (short ans.)	
CRT*	List 2 disabilities associated with outputs (short ans.)	
CRT*	List 3 disabilities associated with information processing (short ans.)	

*Student response required

Mode of Presentation	Objective	Content
	If 5 or more incorrect answers on the above items, a detailed review of the Information Processing Model is presented and the quiz readministered	
	If 3 or 4 incorrect answers on the above items, a brief review of the Information Processing Model is presented and the quiz readministered	

III. INTERRELATIONSHIPS OF HANDICAPS

Mode of Presentation	Objective	Content
Image CRT*	Speculate as to the most prevalent cause of hyperactivity (mult. ch.)	A. Important generalizations 1. Identical behaviors may be found in children with different disabilities
Audio		2. Disability may produce different behaviors in different children
Audio		3. Handicapped children often have related handicaps or problems a. severely handicapped children usually have more than one handicap b. an inability to complete certain activities because of a disability often causes frustration and a loss of confidence in other normal activities
Image CRT*	Given specific examples of children with problems, select the generalization that is best illustrated by each example (mult. ch. - 4 items)	B. Considerations 1. Above points cause difficulty in accurately diagnosing children's problems 2. Points 1 and 2 above serve as a caution to avoid labeling a child as having a certain disability because he exhibits a trait associated with it

*Student response required

IV. GATHERING INFORMATION ABOUT CHILDREN

Mode of Presentation	Objective	Content
Image		A. Necessity for gathering information 1. Determine ways children differ from each other (inter-individual differences) 2. Determine child's strengths and weaknesses (intra-individual differences) 3. Teachers are in a special position to gather much information
Image		B. Types of information 1. Quantitative (numerical)
CRT*	Indicate that a physical distance is converted into inches when a child's height is measured (compl.)	a. meaningful when compared to certain standards
	Indicate that the number of correct answers on a test can be converted into a percentage (compl.)	
Image		2. Qualitative (categorical)
CRT*	Given example of gathering information, conclude that the information was not quantified (alt. resp.)	a. inferences must be based on observable behaviors
CRT*	Select example of quantitative (or qualitative) information (alt. resp. - 3 items)	

*Student response required

Mode of Presentation	Objective	Content
		3. Need for accuracy
		a. essential for both quantitative and qualitative information
		b. report only what is observed
CRT*	Select the statements which report observable behaviors (mult. ch. - 2 items)	c. report only actual observable behavior
Image		4. Behaviors are signs; lead to inferences
Image		
CRT*	Given the behaviors of a particular child, select the condition implied by the behaviors (mult. ch.)	
CRT*	Repeat that talking about a school subject is a behavior (compl.)	
Series of Images (5)		a. if inferences are not based on observable behaviors, wrong conclusions may be reached
Image		
CRT*	Select the behavior which best indicates that a child likes a school subject (mult. ch.)	b. better to base inferences on several similar behaviors than on one behavior
CRT*	Identify situation as being an example of evaluation (comp. - 2 items)	C. Evaluation
Image		
Image		1. Integral part of teaching-learning
Image		a. formulate objectives
		b. select and use teaching procedure(s)
Image		c. select and administer evaluation procedure(s)

*Student response required

Mode of Presentation	Objective	Content
CRT*	Indicate that a procedure must be selected with which to evaluate a learner's performance (short ans.)	
Image		d. evaluate learner achievement and teaching procedures
Image		
CRT*	Given examples, identify the next step in the teaching-learning process (short ans. - 2 items)	
CRT*	Conclude that administering an evaluation procedure is not the final step in the teaching-learning process (alt. resp.)	
Image		
Image		2. Evaluation procedure determined by objectives; must be matched to behavioral objective
		3. Compare behavior against standard (criterion) and make value judgment
		D. Types of evaluation procedures
CRT*	Recognize example as being an incidental evaluation procedure (alt. resp.)	1. Incidental procedures: situations which yield information that are not planned in advance
CRT*	Identify example as being a planned evaluation procedure (compl.)	2. Planned procedures: situations in which stimuli for eliciting behavior are arranged in advance
CRT*	Conclude that planned evaluation procedures are used more often by teachers than are incidental procedures (alt. resp.)	

*Student response required

Mode of Presentation	Objective	Content
		a. tests 1. aptitude tests: measure capacity or potential a. general: (intelligence) b. specific: measure capacity for performing particular task c. readiness: determine whether pupil is mentally and physically able to beneift from in a particular activity 2. achievement tests: measure accomplishment in a particular subject a. standardized b. teacher-devised 1. supply items 2. selection items a. multiple choice b. alternative response c. matching exercise 3. interpretive exercises
CRT*	Identify readiness test as type of aptitude test most likely used by first grade teachers (short ans.)	
CRT*	List supply and selection as the types of items used most often in CARE 1 (short ans.)	
CRT*	Conclude that most items used in CARE 1 are objective items (alt. resp.)	

*Student response required

Mode of Presentation	Objective	Content
		4. essay items
CRT*	Recognize that essay items require a great deal of judgment on the part of the scorer (alt. resp.)	
CRT*	Conclude that screening instruments do not indicate a child's strengths and weaknesses (alt. resp.)	3. Screening instruments
		b. observational techniques
		1. checklists 2. rating scales 3. anecdotal records
CRT*	Identify anecdotal records as type of observational technique easiest for teachers to design and use (short ans.)	
Image		
Image		
CRT*	Given behavioral objective, select the type of evaluation procedure most appropriate for measuring the objective (mult. ch. - 3 items)	
		c. peer-appraisal and self-report techniques
		1. interview a. structured b. unstructured 2. questionnaire and inventory 3. sociometric techniques

*Student response required

V. DECISION PROCESS

Mode of Presentation	Objective	Content
Image		A. Surveying all children
Image		1. Evaluation: continuous process
Image		2. Examination of inter-individual differences
Audio Image		a. children differ in normal development; range is important
		3. Identification of:
		a. any children who are experiencing problems which interfere with educational progress
		b. any children who display behavioral signs indicative of potential interference with educational progress
Image		B. Screening out children
CRT*	Given example, conclude that a child deviates from normal expectations (alt. resp.)	1. Sorting out those children who need further study
Audio		
Image		
CRT*	Recall screening as process of surveying a group and selecting a child for further study (short ans.)	

*Student response required

Mode of Presentation	Objective	Content
CRT*	Conclude that more than one child can be screened out at one time (alt. resp.)	2. Emphasis on inter-individual differences 3. Use of tests a. screening tests b. tests of general mental ability c. teacher-devised tests
Image		C. Diagnosing children with deviations 1. Gathering information about intra-individual differences
Audio		2. Sources a. published tests b. teacher-devised tests c. observational records d. peers and parents
CRT*	Conclude that the same procedures will probably not be used to diagnose all children who are screened out (alt. resp.)	D. Determining adequacy of information 1. Teacher should gather all possible relevant information before deciding to refer child or modify his educational program
Audio Image Image		2. If information is not adequate to make a decision, must continue examining intra-individual differences

*Student response required

Mode of Presentation	Objective	Content
		a. if additional information is impossible to obtain, must refer to specialist who is able to obtain it
Image		E. Referral procedures
CRT*	Conclude that referrals are not always made to the same specialist (alt. resp.)	1. Determine proper specialist
Handbook	Example of Teacher Referral Statement provided	2. Teacher Referral Statement
Image		a. document need for referral
Audio		b. collate data for referral
		c. guide for obtaining additional data
		d. guide for modifying educational program
CRT*	Conclude that the Decision Process is not always completed by making a referral (alt. resp.)	
Image		F. Modification procedures
Image		1. Individualized instruction; process developed for each child's strengths and weaknesses
CRT*	State that a teacher should modify a child's educational program if she decides a specialist is not necessary (short ans.)	2. Makes use of data collected during diagnosis
Image		G. Decision process is circular and continuous
		1. One or more children may be in any step of the decision process at any one time

*Student response required

VI. MENTAL RETARDATION

Mode of Presentation	Objective	Content
Image		A. Definitions
Image		1. Mental retardation: refers to subaverage general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior
		a. many definitions of mental retardation exist
Audio		b. complex condition consisting of many factors
Image		
Image		c. problem related to information processing, storage and retrieval
CRT*	Recognize low intelligence as one characteristic of mental retardation (mult. ch.)	2. Subaverage intellectual functioning (low intelligence)
CRT*	Recognize that the intelligence of a mentally retarded individual is below normal (mult. ch.)	
Image		a. necessary but not sufficient condition for diagnosis
CRT*	Given example, infer that low intelligence is only one characteristic of mental retardation (alt. resp.)	
Image		
CRT*	Recall low intelligence as one factor associated with mental retardation (short ans.)	

*Student response required

Mode of Presentation	Objective	Content
CRT*	Recognize rate of cognitive development as a definition of IQ (mult. ch.)	b. intelligence quotient: rate of cognitive development
Audio		
CRT*	Given a particular IQ, select the appropriate rate of development that is indicated (mult. ch. - 2 items)	
Audio		
CRT*	Select the IQ which indicates intellectual development that is faster than the normal rate (mult. ch.)	
Audio Image		
CRT*	Recognize the relationship between MA and CA that will yield an IQ of 80 (alt. resp.)	
Image		
CRT*	Given CA and MA, compute IQ (short ans.)	
Image		
	Given data about an intelligence test, state the score below which a child's performance would be considered subaverage (short ans.)	c. subaverage: score one standard deviation below the mean on test measuring intelligence
CRT*	Conclude that a child with a subaverage score on an IQ test cannot immediately be considered mentally retarded (alt. resp.)	
Image		1. IQ score tells nothing specific about the strengths and weaknesses of individual children

*Student response required

Mode of Presentation	Objective	Content
CRT*	Given examples, distinguish between those concerned with general intellectual functioning and those concerned with specific intellectual functioning (alt. resp. - 5 items)	
Audio		d. mental age (MA): level of mental development
Audio		
Image Image Image	Review of information concerning IQ and MA	
Image		3. Developmental period
		a. period between conception and age 16
CRT*	Recall conception to age 16 as span of developmental period (short ans.)	
		b. mental retardation closely related to development; persons do not become mentally retarded after age 16 unless they suffer brain injury
Image		4. Adaptive behavior
		a. refers to effectiveness of individual in adapting to natural and social demands of the environment
CRT*	Recall adaptive behavior as the term for the ability to respond appropriately to the environment (short ans.)	
CRT*	Recognize example as being an instance of poor adaptive behavior (short ans.)	
CRT*	Recall poor adaptive behavior as the proper term for a child who does not behave appropriately in certain situations (short ans.)	

*Student response required

Mode of Presentation	Objective	Content
Image CRT*	Given 3 situations, select the one which shows impaired adaptive behavior (mult. ch.)	
Audio		b. impaired adaptive behavior may be reflected in several areas 1. maturation: acquisition of developmental skills a. important indication of mental retardation during preschool years 2. learning: facility with which knowledge is acquired as a function of experience a. most manifest in academic situations; important indicator during school years
Audio		3. social adjustment a. indicated in preschool and school years by level and manner in which child relates to parents, other adults and peers b. assessed in adulthood in terms of degree to which individual can maintain himself independently in the community

*Student response required

Mode of Presentation	Objective	Content
CRT*	Conclude that a child who shows poor adaptive behavior will probably have low intelligence (alt. resp.)	c. highly related to low intelligence
Image		
Image		5. All of the above conditions must be evidenced before diagnosis of mental retardation is made
CRT*	Recognize that all 3 factors must be present for an individual to be considered mentally retarded (alt. resp.)	
CRT	Review items on previous material	
Image		
CRT*	Conclude that a child with only 1 or 2 characteristics of mental retardation should not be considered mentally retarded (alt. resp. - 2 items)	
Image		
CRT*	Give an example and recognize that a child's responses to his environment are inappropriate (alt. resp.)	
		B. Classifications of mental retardation
Image		
Image		1. Custodial
Image		a. unable to care for bodily needs
		b. IQ level usually less than 25 or 30
Image		
CRT*	Given distribution of intelligence, select the portion of the curve which shows the intelligence levels of children in the custodial category (mult. ch.)	

*Student response required

Mode of Presentation	Objective	Content
		c. usually identified at birth and require complete custodial care
		2. Trainable
		a. develop self-care and social adjustment in supervised environment
Image		
CRT*	Given distribution of intelligence, select the portion of the curve which shows the intellectual levels of children in the trainable category (mult. ch.)	b. IQ level: approximately 25-30 to 55-60
		c. usually identified before school age
		d. may require institutionalization
		3. Educable (EMR)
CRT*	Conclude that EMR and slow-learning children are not identified as early as are the more severely retarded (alt. resp.)	a. group most often found in public schools; usually identified by first or second grade
Image		
CRT*	Given distribution of intelligence, select the portion of the curve which shows the intellectual levels of children in the EMR category (mult. ch.)	b. IQ level: approximately 55-60 to about 85
		c. expected academic achievement: third to sixth grade level
		d. children with IQ's in upper end of range (75-90) often called "slow learners"

*Student response required

Mode of Presentation	Objective	Content
CRT*	Infer that in a community with relatively low expectations, slow learning children would probably be considered average (short ans.)	1. Classification of "slow learners" depends on situation: level of other children in comparison group
Image		C. Major sources of referral 1. Parents a. first opportunity to observe; often make initial referral to family doctor b. more likely to identify severely retarded than educable or slow learning children 2. Family doctor a. discovers symptoms b. refers to specialist 3. Teacher a. in good position to gather needed data
Image		
CRT*	Identify group intelligence tests as type of intelligence tests used by teachers (compl.)	1. scores on group intelligence tests 2. developmental comparisons with others of same chronological age 3. functioning in learning situations 4. social adaptability

*Student response required

Mode of Presentation	Objective	Content
CRT*	Explain that teachers can help specialists by gathering needed information (short ans.)	
Audio		
Audio		
CRT*	Given example, select the statement which describes a child's behavior objectively (alt. resp. - 2 items)	
		b. makes referral to specialist; does not make formal diagnoses
		4. Specialists
Image		a. procedures vary between counties and states as to who is legally qualified to certify mental retardation
CRT*	Identify IQ as one factor used by specialists in diagnosing mental retardation (short ans.)	b. use information from several sources to make diagnosis
Image		c. specialists may make diagnosis:
		1. private psychological consultants
		2. public school psychologists
		3. public social agency personnel
		D. Developmental characteristics of mentally retarded children
Image		1. In general, do not develop as fast as normal children
Image		a. lag behind in developmental tasks such as crawling, talking, walking

*Student response required

Mode of Presentation	Objective	Content
CRT*	Given developmental chart, identify age range at which most children perform a given task (short ans.)	
CRT*	Conclude that mentally retarded children usually complete developmental tasks later than normal children (alt. resp.)	
CRT*	Given developmental areas included on the DDST, select the area in which mentally retarded children would be most like normal children and the one in which they would be least like normal children (alt. resp.)	b. development may be assessed by the Denver Developmental Screening Test
CRT*	Recognize language development as being highly related to intellectual development (mult. ch.)	c. language development often below average
CRT*	Conclude that it is not safe to assume that a child below average in language development is also below average in intellectual development (alt. resp.)	
CRT*	Speculate that special programs can raise the IQ scores of mildly retarded children (mult. ch.)	1. remedial programs in language development may increase intellectual ability of children
CRT*	Conclude that mentally retarded children usually function below average in most learning situations (mult. ch.)	2. Do not progress or develop to same levels as normal children
CRT*	State that the adaptive behavior of mentally retarded children will probably be poorer than that of normal children in social settings (short ans.)	a. may develop to lower level in one or several areas

*Student response required

Mode of Presentation	Objective	Content
CRT*	Conclude that mentally retarded and normal children are more alike in physical than in mental development (alt. resp.)	3. In general, more like normal children in physical than mental development
CRT*	Speculate that mentally retarded children are not necessarily defective in all aspects of the learning process (alt. resp.)	4. Not necessarily defective in all aspects of learning
Image Audio		E. Learning characteristics of mentally retarded children 1. Rate of learning: slower than normal children 2. Level of learning: do not progress as far as normal children a. most do not graduate from high school b. few achieve above sixth grade level 3. Rate of forgetting a. if not practiced, will forget information sooner than normal children b. if practiced and overlearned, will retain information 1. benefit from overlearning 2. benefit from practice distributed over period of time
CRT*	Speculate that acquisition of material is more difficult for mentally retarded children than for normal children (alt. resp.)	

*Student response required

Mode of Presentation	Objective	Content
Audio		4. Transfer of learning: have trouble transferring learning from one situation to another
Audio		5. Type of material: benefit from concrete and straightforward tasks
		a. when material is concrete and meaningful, do about as well as normal children
Audio		6. Incidental learning: do not profit from incidental learning as well as normal children
CRT*	Given 2 examples, select the one which best describes poor incidental learning (alt. resp.)	a. may not acquire information not directly relevant to particular task
CRT*	Conclude that mentally retarded children generally have trouble with verbal learning (alt. resp.)	7. Verbal learning
		a. verbal learning and language highly related to intelligence
		b. have trouble with verbal mediators; can be taught to use them
CRT*	Conclude that speech and language delays are common among mentally retarded children (alt. resp.)	c. speech and language delayed
Audio		d. have trouble with verbal instructions for motor tasks; not with motor tasks themselves
CRT*	Recognize that a learning set is a group of problem solving behaviors (mult. ch.)	8. Learning sets: have difficulty and take more time to determine best solution to problem, to profit from experience, and to generalize to similar situations

*Student response required

Mode of Presentation	Objective	Content
CRT*	Recognize that mentally retarded children take more time to form learning sets than do normal children (mult. ch.)	
Audio		
Audio		
		F. Social adaptability
Image		1. Social behavior: interaction between two or more people
CRT*	Write definition of social behavior (short ans. - optional item)	
Image		
CRT*	Recall interaction between 2 or more people as definition of social behavior (compl.)	
Image		
Image		
CRT*	Given situations, select those that are examples of social behavior (alt. resp. - 2 items)	
Audio		a. interaction process
Image		1. perceiving behavior of others
Audio		
CRT*	Given example, identify child's perception of teacher's question as first step in interaction process (short ans.)	
CRT*	Select item #1 in the interaction process as point at which children with problems in the input channel would probably have the most difficulty (mult. ch.)	

*Student response required

Mode of Presentation	Objective	Content
Image		2. interpreting behavior of others
CRT*	Given example, identify the interpretation of the teacher's question as the second step in the interaction process (short ans.)	
Audio		
Image		3. selecting response from those in repertoire
CRT*	Given example, identify selecting a response as the third step in the interaction process (short ans.)	
Audio		
Image		4. making a response
Audio		
CRT*	Given example, identify the correct response needed for the interaction (short ans.)	
CRT*	Select step #4 as the point in the interaction process at which children with problems in the output channel would have the most difficulty (mult. ch.)	
Image		5. interpreting how response was received by others
Audio		
CRT*	Given example, identify the interpretation of how a response was received by others as the final step in the interaction process (short ans.)	
Image		
Audio		

*Student response required

Mode of Presentation	Objective	Content
Image		
Audio		
		b. process is circular; inappropriate responses (step 4) may indicate problem in any of the other steps
		2. Factors that influence social interaction
Audio		a. unknown factors may influence decisions about children's social behavior
		1. previous experience with child
Audio		2. other inputs child is receiving
CRT*	Given example, conclude that other inputs affected child's behavior (alt. resp.)	
Audio		
Audio		b. teacher may set up expectations which influence later behavior
Image		
Audio		
CRT*	Given example, conclude that a child is likely to act in accordance with teacher's incorrect expectations (mult. ch.)	
Audio		
Audio		
CRT*	Speculate that low intelligence is likely to have more influence on a teacher's expectations than is average intelligence (alt. resp.)	

*Student response required

Mode of Presentation	Objective	Content
Audio		
CRT*	Conclude that not all factors which influence the interaction process have been mentioned in previous discussion (alt. resp.)	
Audio		

*Student response required

VII. THE DISADVANTAGED

Mode of Presentation	Objective	Content
Image		A. Definition
Audio		
CRT*	Recall that adequate intellectual potential is one characteristic which distinguishes disadvantaged children from mentally retarded children (compl.)	1. Adequate or average intellectual potential
		2. Subaverage functioning in educational situations
		3. Culturally inappropriate background responsible for inadequate social and educational performance
Audio		a. child's environment and past experiences prepare him to cope with daily social and educational problems
CRT*	Recall that all children do not enter school with the same attitudes and skills (short ans.)	
CRT*	Explain that disadvantaged children perform poorly on educational tasks as a result of their environment and background experiences (short ans.)	b. some environments and experiences are better than others for preparing children to be successful in white, middle-class oriented public schools
Audio		
CRT*	Recall that attitudes cannot be observed directly (compl.)	

*Student response required

Mode of Presentation	Objective	Content
Audio		4. Cultural group
CRT*	Identify group as being example of cultural group (compl.)	a. group of people who share easily identifiable characteristics
Image		b. often comprised of several subgroups which share one common variable
CRT*	Distinguish subgroup from larger cultural group (mult. ch. - 2 items)	1. homogeneity on one variable does not insure homogeneity on other variables
CRT*	Conclude that members of a particular cultural group do not necessarily share all beliefs (alt. resp.)	
Image		
Audio		c. the family is an important cultural subgroup
CRT*	Conclude that subgroup has more influence on attitudes of children than larger cultural group (alt. resp.)	1. has strong influence on its members
CRT*	Indicate that parental behavior has more influence on academic success than parental status (compl.)	2. actual behavior of families has more influence on members than their status
CRT*	Infer that low status families may provide good model for children (alt. resp.)	d. the disadvantaged do not form one homogeneous group
Audio		1. represent several minority groups
		2. most minority groups which represent disadvantaged

*Student response required

Mode of Presentation	Objective	Content
		a. Negro b. Puerto Rican c. Mexican-American d. American Indian e. Appalachian White
		B. Important generalizations
CRT*	Recall that mentally retarded children often come from disadvantaged families and that disadvantaged children often score in low range of intelligence tests (alt. resp. - 2 items)	1. Most mentally retarded children come from disadvantaged families 2. Most disadvantaged children score in the mentally retarded or slow-learning range on intelligence tests
Image		
CRT*	State opinion as to whether intelligence tests measure true intellectual potential of Negro and white children (alt. resp. - 2 items)	a. no intelligence test really measures intellectual potential; can only measure: 1. what child has learned 2. how child can apply what he has learned b. disadvantaged children have not had opportunity to learn things they will be asked to apply on intelligence tests c. tests do not reflect true potential of disadvantaged children
Image		3. Disadvantaged children perform like EMR children on education-oriented tasks

*Student response required

Mode of Presentation	Objective	Content
Audio		C. Physical characteristics of the disadvantaged 1. High incidence of malnourishment a. poor growth b. lower resistance to infection
CRT*	Recall that living conditions often affect health of disadvantaged children (compl.)	2. Poor general health; chronic health problems a. result of malnutrition b. poor sanitation in homes c. infrequent use of medical facilities
CRT*	Recall that health of disadvantaged children tends to be poor (compl.)	3. Lag in auditory development a. background places more stress on motor skills than verbal skills
CRT*	Recall that child should not be labeled as disadvantaged on basis of insufficient information (mult. ch.)	D. Family and social characteristics of the disadvantaged
Audio		1. Large family; unstable family structure
CRT*	Recall that family structure of disadvantaged families tends to be large (compl.)	

*Student response required

Mode of Presentation	Objective	Content
		a. may include many siblings, half-siblings, and adults unrelated to family
		b. high rate of divorce, separation, and desertion
		c. overcrowded living quarters
Audio		d. poor nutritional and sanitation conditions
		e. may be excessive moving
Audio		2. Little individual attention or interaction between family members
Audio		a. limited range of stimuli in home
CRT*	Recall that range of objects in home of disadvantaged is limited (compl.)	
CRT*	Recall that TV watching is frequent source of entertainment in disadvantaged home (compl.)	b. may be excessive TV watching
		3. Little affection between family members; more quarrels and use of physical punishment
Audio		4. Adults do not encourage children toward school achievement
CRT*	Predict that disadvantaged child's attitude toward school will be poor (alt. resp.)	a. do not stress value of education
CRT*	Predict that disadvantaged child's performance in school will be poor (mult. ch.)	b. do not foster habits and attitudes necessary to perform well in middle class school system

*Student response required

Mode of Presentation	Objective	Content
		c. children do not develop need for achievement; low aspiration levels
		d. parents have low educational level; provide poor educational models
CRT*	Recall that adults in disadvantaged home do not provide appropriate models (compl.)	5. Less parental supervision; greater contact with and influence of peer group
Audio		a. reinforce low aspiration level and negative attitudes toward school
CRT*	Recall that disadvantaged children obey laws only to prevent punishment (compl.)	6. Little respect for laws or rules
Image		
CRT*	Given a situation, predict attitude and behavior typical of disadvantaged child (mult. ch.)	E. Learning characteristics of the disadvantaged
Audio		1. Do not understand need for order and regularity
CRT*	Recall that disadvantaged homes do not foster order and regularity (compl.)	2. Benefit from physical and visual stimuli rather than aural
CRT*	Recall that disadvantaged children do better on concrete rather on abstract learning tasks (compl.)	3. Perform better on concrete learning material than on abstract learning material
		a. learn better from things they can see and do than from words
		b. similar to mentally retarded children in this respect

*Student response required

Mode of Presentation	Objective	Content
		4. Often tune out words and sounds a. result of excessive noise and confusion in the home
Audio		F. Language characteristics of the disadvantaged
CRT		1. Language often similar to that of mentally retarded children
		2. Run words or phrases together and use them as giant words instead of sentences a. words tend to be slurred and run together
		3. Often omit sounds in middle of sentences and endings of words
		4. Poor in labeling objects a. learn common names of objects later than normal children b. have difficulty realizing objects can have more than one name
		5. Make frequent errors in verb usage a. incorrect subject-verb agreement b. present tense often used for past tense
		6. Tend to use short sentences a. longer ideas expressed by running groups of words together with word "and"
		7. Have trouble with function words and inflections

VIII. EMOTIONAL DISTURBANCE

Mode of Presentation	Objective	Content
Image CRT* Audio	Define "emotionally disturbed child" in own words (short ans.)	A. Definition 1. Children who deviate or are so different from the average in adjustment and behavior that they have difficulty deriving benefits from regular school programs a. display large range of behaviors b. no one pattern of behavior describes all disturbed children c. require special attention or provisions to help them achieve their potentials educationally, socially, and affectively d. problems related to information processing, storage, and retrieval
Image CRT*	Indicate that emotional disturbance cannot be determined from physical appearance of children (alt. resp.)	B. Identification
Image		1. Emotionally disturbed children display inappropriate behaviors (behaviors not suitable for a given situation)
Image		

*Student response required

Mode of Presentation	Objective	Content
CRT*	Given particular situation, distinguish appropriate behavior from inappropriate behavior (alt. resp. - 2 items)	
Image		
Image		
CRT*	Given records of 2 children select child more likely to have special problems (alt. resp.)	
CRT*	Indicate that one observation not sufficient to diagnose existence of special problems (alt. resp.)	a. disturbed children display inappropriate behaviors frequently
CRT*	Given particular situation, select child more likely to have special problems (alt. resp.)	
CRT*	Recall that children with problems display inappropriate behavior more frequently than normal children (compl.)	
CRT*	Recall that the frequency of inappropriate behavior is important for a teacher to determine (compl.)	
		b. disturbed children display inappropriate behaviors in many situations
Image		c. disturbed children display many different kinds of behaviors
Audio		
CRT*	Given particular situation decide that a child is likely to have special problems (alt. resp.)	

*Student response required

Mode of Presentation	Objective	Content
CRT*	Recall that before judging the existence of special problems, must know how often the child behaves inappropriately and how many different inappropriate behaviors he displays (compl.)	
		2. Behavior may be inconsistent; may appear normal in some situations
Audio		
Image		
CRT*	Given particular situation, identify behavior as being inconsistent (compl.)	
		a. inappropriate behavior may be prompted by stress
		b. normal children display inappropriate behaviors occasionally
Image		3. Inappropriate behavior may reduce effectiveness in cognitive, social, affective, or psycho-motor areas
Image		
CRT*	Given situation, identify areas of behavior in which child's effectiveness is impaired (compl. - 2 items)	
		a. disturbance in one area may be related to disturbance in other areas
Image		
Image		4. Different behaviors may show an underlying similarity or form a logical group: i.e., they form a symptom cluster
CRT*	Recall that a logically related group of inappropriate behaviors is called a symptom cluster (compl.)	

*Student response required

Mode of Presentation	Objective	Content
CRT*	Given particular situation, identify behaviors as being symptom cluster (compl.)	
Image		5. Inappropriate behaviors may produce inefficiency in goal-directed behavior
Audio		a. child may be somewhat inefficient, but eventually reach goal
		b. child may be very inefficient, but eventually reach goal
		c. child may attempt but never quite reach goal
		d. child may experience difficulty and be blocked long before he reaches goal
CRT*	List 3 general statements about children with special problems (short ans.)	
Image		
Audio		
Image		
CRT*	Indicate that one instance of inappropriate behavior is not sufficient to infer special problems (alt. resp.)	6. Frequency and intensity of behavior must be taken into account; must avoid labeling on basis of insufficient evidence
CRT*	Indicate that younger child's short attention span does not necessarily mean he has problems (alt. resp.)	7. Age of child must be considered when making judgment about emotional disturbance

*Student response required

Mode of Presentation	Objective	Content
		a. criteria for normal behavior constantly change as child matures; appropriate behavior for one child may be considered immature for an older child
Audio		b. observed behavior of children must be compared with that of their peers
CRT		C. Types of behaviors associated with emotional disturbance
		1. aggressiveness
		2. withdrawal
CRT*	Given example, identify child's behavior as short attention span (compl. - 2 items)	3. short attention span
CRT*	Conclude that 1 instance of short attention span not indicative of special problems (alt. resp.)	
CRT*	Conclude that frequent displays of short attention span may indicate special problems (alt. resp.)	
CRT*	Given example, select area of behavior affected by child's short attention span (mult. ch.)	
CRT*	Given examples, select child who exhibits behavior that would be considered unusual (alt. resp.)	4. Preoccupation with the unusual

*Student response required

Mode of Presentation	Objective	Content
CRT*	Given example, identify child's behavior as being bizarre (compl.)	5. Bizarre behavior
Audio		
CRT*	Indicate that child should not be considered emotionally disturbed after 1 instance of bizarre behavior (alt. resp.)	
Audio		6. Self-mutilating behavior
CRT*	Given example of self-mutilating behavior, indicate need for further observation (alt. resp.)	
CRT*	Given example, identify child's behavior as self-mutilating behavior (compl.)	
CRT*	Given example, indicate child's behavior as being cause for concern (alt. resp.)	7. Excessive complaining about health
CRT*	Indicate that a phychological test is not the best course of action to verify frequent complaints about health problem (alt. resp.)	
CRT*	Determine medical examination as being appropriate course of action to verify child's complaints about health (short ans.)	
CRT*	Given example, recognize child's reaction to criticism as inappropriate (alt. resp.)	8. Taking all criticism as personal attack; feeling blamed for everything
CRT*	Recall that inappropriate behavior must occur often before a problem is indicated (compl.)	
CRT*	Given example, recognize child's fear behavior is inappropriate (alt. resp.)	9. Irrational fears; excessive or unusual reaction to fear

*Student response required

Mode of Presentation	Objective	Content
CRT*	Given example, identify child's reaction to fear as excessive (compl.)	
		D. Speech and language problems associated with emotional disturbance
		1. Delayed speech
CRT*	Recognize example of delayed speech as being a cause for concern (alt. resp.)	
Audio		2. Stuttering
CRT*	Recognize example of excessive, unintelligible chatter as cause for concern (alt. resp.)	3. Excessive, unintelligible chatter
CRT*	Given example of excessive, unintelligible chatter, indicate possible relationship to emotional problems (alt. resp.)	
Audio		4. Garbled speech
Audio		5. Echoing
CRT*	Given example of echoing, indicate that there is a possibility of emotional disturbance (alt. resp.)	
		6. Excessive loudness or softness
Audio		7. Inability to logically continue with a topic of conversation
Audio		
CRT*	Given examples, select child whose speech behavior suggests an emotional problem (mult. ch.)	
CRT*	Given example, select child whose pattern of conversation suggests an emotional problem (alt. resp.)	8. Willingness to talk on only one or very few topics, excluding all others

*Student response required

Mode of Presentation	Objective	Content
		9. Speech and language problems not necessarily indicative of emotional disturbance
		a. some speech and language disorders have physical or learning basis
		b. frequency and situations in which speech and language problems occur should be considered
		10. Speech and language problems of emotionally disturbed children may be prompted by stress
CRT*	Given example, identify situation in which child's speech problem occurs as being stressful (compl.)	
		E. Role of teacher in dealing with emotionally disturbed children
Image		1. Observe and record behavior, keep observational records
Image		
CRT*	Given two observational records, select the one more accurate and correctly done (alt. resp.)	
Image		a. record only observable behavior
Image		b. record observations frequently
Image		c. observe behavior in many situations
Audio		1. group situations
		a. organized games b. class discussions c. work projects

*Student response required

Mode of Presentation	Objective	Content
		2. solitary situations a. rest periods b. written assignments c. free activity periods
CRT*	Given example of observational record, select statement characterizing its main fault (mult. ch.)	d. record observations objectively; make no interpretations
CRT Image		
CRT*	Given example of observational record, identify teacher's interpretation as causing record to be subjective (compl.)	
CRT*	Given example of observational record, identify phrase that is an interpretation (short ans.)	
CRT*	Select the statement which includes subjective interpretation (alt. resp.)	
Audio		e. may set up situations in order to observe behavior
CRT*	List own ideas about informal ways of gathering information about children (short ans.)	
		2. Gather additional data; use evaluation procedures
CRT*	Given example of sociogram, select the child who is the least accepted member of the group (mult. ch.)	a. sociometric techniques

*Student response required

Mode of Presentation	Objective	Content
Image		
CRT*	Given sociogram and observational record, conclude that the information presented about one particular child is consistent (alt. resp.)	
CRT*	Recall that pattern of similar behaviors is called a symptom cluster (compl.)	
CRT*	Respond to sample items from 2 types of self-report techniques (compl. - 2 items)	b. self-report techniques c. peer appraisal and parent interviews
CRT*	Indicate that one instance of inappropriate speech behavior is not sufficient to diagnose emotional problems (alt. resp.)	3. Conclusions must be based on adequate data
CRT*	Given example, conclude that more information is needed to diagnose an emotional problem (short ans.)	
CRT*	Given situation, conclude that a teacher should not label a child as emotionally disturbed (short ans.)	
Audio		
Image		
Image		
Image		
Audio		
Image		

*Student response required

Mode of Presentation	Objective	Content
Audio		4. Referral usually made to school psychologist 5. Employ behavior modification techniques a. if referral to specialist not necessary b. while awaiting referral

*Student response required

IX. VISION PROBLEMS

Mode of Presentation	Objectives	Content
Image		
Image CRT		A. Professional personnel associated with vision problems 1. Peripatologists a. work primarily with totally blind individuals b. assist in mobility training 2. Opthamologists a. medical doctors specializing in defects and diseases of the eye b. licensed to prescribe medicine and perform surgery 3. Optometrists a. usually not medical doctor b. make examinations and prescribe corrective lenses 4. Opticians a. grind lenses
Image CRT		B. Parts of the eye 1. Cornea: transparent part of the eyeball that covers iris 2. Iris: colored part of the eyeball 3. Pupil: appears as small dark center of the eye

Mode of Presentation	Objectives	Content
		4. Lens: transparent structure located directly behind pupil; focuses light rays on retina
		5. Retina: light-sensitive lining of the eye
		6. Ciliary muscles: control amount of light that reaches retina; help focus eye on near and distant objects
		C. Common visual problems
Image		1. Problems of visual acuity
Audio		a. myopia (nearsightedness)
		1. image falls in front of retina because eyeball is long or lens does not focus image properly
Image		
CRT*	Recall that children with myopia cannot see distant objects well (compl.)	2. difficulty seeing distant objects
Image		
CRT*	Given example, select child with myopia (alt. resp.)	
Audio		
		b. hyperopia (farsightedness)
Image		1. image falls behind retina because eyeball is too short or lens does not focus image properly
Audio		

*Student response required

Mode of Presentation	Objectives	Content
CRT*	Recall that children with hyperopia cannot see near objects well (compl.)	2. difficulty seeing near objects 3. in severe cases, difficulty seeing both near and far objects
Image		c. astigmatism 1. cornea or lens irregularly curved 2. parts of image fall behind retina and parts fall in front of retina 3. distorted or blurry vision
Audio CRT*	Match the terms myopia, hyperopia, and astigmatism with the appropriate characteristic of each condition (match.- 2 items)	
Image		c. cataracts 1. crystalline lens becomes cloudy or opaque 2. poor visual acuity and restricted field of vision 3. certain types may be removed by surgery
		e. color blindness
Image		1. inability to distinguish color
Image		2. may be able to distinguish some colors and not others

*Student response required

Mode of Presentation	Objectives	Content
		f. photophobia 1. extreme sensitivity to light
		2. Problems of eye or muscle coordination
Image		a. strabismus
CRT*	Given example, identify strabismus as condition suggested by child's symptoms (compl.)	1. one or both eyes turn or deviate from normal position because of weakness of eye muscles or lack of eye muscle coordination
CRT*	Recall that the eyes of a child with strabismus deviate from the normal position (compl.)	2. commonly called "cross-eyed"; termed "squint" by doctors
Image		
CRT*	Given example, select the child whose symptoms suggest strabismus (alt. resp.)	
CRT*	Recognize statement most characteristic of nystagmus (alt. resp.)	b. nystagmus
		1. eyes oscillate or have rapid, jerky involuntary movements
CRT*	Recognize symptoms of nystagmus as indicating a possible vision problem (alt. resp.)	2. may increase during periods of stress
CRT*	Match terms cataract, nystagmus, color blindness, and strabismus, with the appropriate characteristics of each condition (match - 2 items; if 2 incorrect matches, teaching sequence reviewed and quiz readministered)	3. may cause apparent color discrimination problem; two adjacent colors may blend

*Student response required

Mode of Presentation	Objective	Content
		c. abnormal accommodation
Image		1. prevents instantaneous clarity of vision when looking at objects at different distances
CRT*	Given example, select child with poor focusing ability (alt. resp.)	
Image		2. inability to shift focus from one object to another
CRT*	Given example, select child who has trouble focusing on moving object (alt. resp.)	3. inability to focus on moving object
		4. inability to focus eyes together to see single image; "double vision"
		5. inability to coordinate eyes with hands; may result from perceptual-motor problem
		d. amblyopia
		1. termed "lazy eye" or "wandering eye"
		2. inability to keep both eyes coordinated
		D. Characteristics indicative of vision problems
Image		1. Posture
Image		a. poor sitting posture
		b. position of head

*Student response required

Mode of Presentation	Objective	Content
		1. tilting head to one side 2. thrusting head forward 3. moving head excessively
Image		
CRT*	Given example, select child whose head position indicates a possible vision problem (alt. resp. - 2 items)	
CRT*	Given example, recognize various head positions which suggest possible vision problems (mult. ch. - 2 items)	
CRT*	Given example, select child whose behavior may indicate a vision problem (alt. resp.)	2. Tenseness of body
CRT*	Recognize tenseness of body as a symptom of a vision problem (mult. ch.)	
CRT*	Given examples, select children whose behaviors suggest a possible vision problem (mult. ch.)	3. Poor motor coordination a. poor general body control b. awkward appearance; poor coordination c. cautious movements
Image		
CRT*	Given example, recognize characteristics which may indicate a vision problem (mult. ch.)	
Image		4. Physical appearance of eyes
Image		a. red-rimmed, encrusted, scaly, or swollen eyelids b. repeated sties c. discharge of pus from eyes d. red or watery eyes e. cloudy or dilated pupils f. itching, burning, or drooping eyelids
Image		
CRT*	Given examples, select the children whose eyes indicate a possible vision problem (mult. ch. - 4 items)	

*Student response required

Mode of Presentation	Objective	Content
Image		5. Complaints
		a. dizziness
Image		b. headache
		c. blurred vision
		d. pain in eyes
		e. itching eye lids
		f. tiring easily
		g. inability to distinguish colors
		h. double vision
Audio		i. sensitivity to light
Image		
Audio		
CRT*	Given examples, select the children whose behaviors indicate the possibility of vision problems (mult. ch. 6 items)	
		E. Social and emotional problems
Audio		1. Vision problems often overlap with other disabilities
		a. often difficult to determine if vision problem is cause of social or emotional problems
		b. diagnosis of vision problems cannot be made on basis of 1 or 2 symptoms

*Student response required

Mode of Presentation	Objective	Content
		c. emotional problems are not a necessary consequence of poor vision or of any other handicap
		d. emotional problems which do occur are not necessarily directed proportional to the severity of the handicap
		2. Types of behaviors sometimes displayed by partially sighted children
Image		a. crying, irritability, illness; often occurs while reading
Image		b. aggressiveness and temper tantrums
		c. withdrawal
Image		d. discouragement and resentfulness
Image		e. daydreaming and poor concentration
		f. dislike of self; disliked by others
Image		g. inability or unwillingness to participate in activities requiring good near or distant vision
Audio Image		
CRT*	Match examples of behavior with the appropriate symptoms associated with vision problems (match - 3 items)	

*Student response required

Mode of Presentation	Objective	Content
Image		F. Learning traits of partially sighted children
Audio		1. Intelligence, physical, and emotional development similar to that of normal children
		2. Lag behind other children in academic work
Image		a. take longer to perform tasks
Image		b. often lose place when reading or doing close work; may use finger as marker
Image		c. may skip words and have to reread
Image		d. may vocalize when reading silently
Image		e. have different and more limited conception of situations
Image		
Image		
CRT*	Given examples, select children whose academic behaviors indicate possible vision problems (alt. resp. - 8 items)	
		3. May function better in some situations than others
		a. level of vision affected by lighting, distance from viewed object, fatigue, and distractions

*Student response required

Mode of Presentation	Objective	Content
		b. may be severely affected by new situation
		c. show more variability under various visual conditions than normal children
CRT*	Conclude that partially sighted children show more variability in various situations than normal children (alt. resp.)	4. More often able to read or draw than perform activities requiring distant vision
CRT*	Conclude that the environment of partially sighted children is more like that of normal children at close range than at a distance (alt. resp.)	a. maybe inattentive during work at board, maps, etc.
		5. May avoid close work
		a. may confuse letters or signs
		b. often write or print poorly
CRT*	Given examples of the academic behavior of children, select those children more likely to have vision problems (alt. resp. - 13 items; optional)	
CRT*	Given examples of the academic behavior of children, select those children more likely to have vision problems (alt. resp. - 4 items; optional)	
CRT*	Given examples, select those children whose frequency and/or diversity of symptoms suggest possible vision problems (alt. resp. - 5 items)	
CRT*	Recall that children with many symptoms are more likely to have problems than are children with fewer symptoms (compl.)	

*Student response required

Mode of Presentation	Objective	Content
CRT*	Recall that the presence of many symptoms increase the possibility of a vision problem (compl.)	
CRT*	Recall that the more frequently a child displays symptoms, the more likely he is to have a vision problem (compl.)	
		G. Vision screening
		1. Most preschool children are far-sighted; this condition should disappear about age 6 or 7
		2. Totally blind or severely impaired children are usually identified before entering school
Image		3. Screening is for gross identification only; not precise diagnosis
		4. Tests requiring special materials
Image		a. Snellen charts
Audio		
Image		1. E chart used with young non-readers
Image		a. test of acuity
Image		b. most effective when accompanied by teacher observation
CRT	(Following material on vision screening is optional)	c. 20/30 vision or worse indicates need for referral
CRT*	Given example, select the child whose Snellen test results indicate need for further testing (alt. resp.)	

*Student response required

Mode of Presentation	Objective	Content
		2. may be used to test focusing ability by taking test through +2.5 diopter lens
		a. should see 20/25 line clearly in 3 seconds
CRT*	Recognize task associated with Snellen test (alt. resp.)	
CRT*	Given example, select child who received Snellen test (alt. resp.)	
CRT*	Recall that the Snellen test for focusing ability involves looking through diopter lens (compl.)	
CRT*	Given example, select child who received test for focusing ability (alt. resp.)	
Image		b. STYCAR (Screening Test for Young children
		1. test of visual acuity
CRT*	Recognize the task associated with STYCAR screening test (alt. resp.)	c. STYCAR with plus lens
		1. test taken while looking through +2.5 diopter lens
CRT*	Recall that STYCAR with diopter lens involves looking through +2.5 diopter lens (compl.)	a. diopter: unit for measurement of the light-bending power of a lens
CRT*	Given examples, select child who took STYCAR and child who took STYCAR with diopter lens (mult. ch.)	

*Student response required

Mode of Presentation	Objective	Content
		d. Massachusetts Vision Test
		1. tests near and far point muscular balance
Audio		e. Prism Test of Binocular Awareness
Image		1. tests how well eyes work together to form single image
CRT*	Given example, select child who received Prism test (alt. resp.)	
CRT*	Given example, select child whose performance on Prism test indicates need for further diagnosis (mult. ch.)	a. should see 2 objects with the prism
Image		f. Pseudo-Isochromatic Plate Test
CRT*	Given examples, select those children who received test for color blindness (alt. resp. - 2 items)	1. tests color blindness
CRT*	Given example, conclude that missing more than 2 numbers indicates need for referral (compl.)	2. three or more errors indicates need for referral
CRT*	Given example, select child whose performance indicates need for referral (alt. resp.)	
Handbook		g. Machines which screen for vertical and horizontal muscular imbalance and coordination, fusion, depth perception, and near and far visual acuity

*Student response required

Mode of Presentation	Objective	Content
		1. Keystone Telebinocular 2. Sight-Screener 3. Ortho-Rater
Image		5. Tests not requiring special material a. eye motility
CRT*	Given example, select child who received test for eye motility (alt. resp.)	1. follow movements of pen light vertically and horizontally
CRT*	Given example, conclude that child needs further diagnosis if he is not able to follow the pen light (short ans.)	
CRT*	Given example, select child whose performance on eye motility test indicates need for referral (mult. ch.)	
Audio		b. eye convergence
CRT*	Recall that in test for eye convergence the eyes move in to follow pen light to within 4 inches of nose (compl.)	1. follow movements of pen light from position of 12 inches from nose to 4 inches from nose
CRT*	Given example, select child whose performance on eye convergence test indicates need for further diagnosis (alt. resp.)	2. eye movements should be smooth
CRT*	Given example, identify task associated with test for eye convergence (compl.)	

*Student response required

Mode of Presentation	Objective	Content
Audio		c. eye alignment
CRT*	Given examples, select child who received test for eye alignment (alt. resp. - 2 items)	1. pen light held 10 inches from nose while one eye covered for count of 3
Image		
Image		
Image		2. eye should stay in alignment while covered or return to alignment when uncovered
CRT*	Recognize performance on eye alignment test which indicates need for further diagnosis (alt. resp.)	
CRT*	Given example, select child whose performance on eye alignment test indicates need for further diagnosis (mult. ch.)	
Image		d. peripheral orientation
		1. ability to stop even with side object while walking and looking straight ahead
CRT*	Given example, select child who received test for peripheral orientation (alt. resp.)	
CRT*	Given example, select children whose performances on peripheral orientation test indicate need for further diagnosis (mult. ch.)	
Image		e. fixation
Audio		

*Student response required

Mode of Presentation	Objective	Content
CRT*	Recognize task associated with fixation test (alt. resp.)	1. look from one object to another
Image		
CRT*	Given example, select child who received fixation test (alt. resp. - 2 items)	2. eye movements should be smooth and accurate with minimum of head movement
Image		
Audio		
		f. other informal testing procedures
Image		1. observation of eye movements when child looks at sequence of pictures
Image		2. observation of child's ability to read different sized print
		3. observation of child's ability to catch objects thrown to him
CRT*	Quiz: Given examples, select children who received and/or performed satisfactorily on vision screening tests mentioned above (mult. ch. - 14 items)	
CRT*	Optional review of screening devices	

*Student response required

X. HEARING PROBLEMS

Mode of Presentation	Objective	Content
		A. Definitions
		1. Sound: vibrations of molecules in air or other medium
Image		2. Deafness: severe or complete loss of hearing sensitivity
CRT*	Indicate that not all hearing impaired children are classified as deaf (alt. resp.)	a. educationally, one whose hearing is too poor to permit the normal learning of speech
		b. one who has suffered severe loss of hearing after learning speech termed "deafened"
		3. Hearing impairment: general term for any kind of malfunction of auditory mechanism
		a. implies severity great enough to interfere with activities of everyday living
Image		b. related to problems in input channel of Information Processing Model
CRT*	Indicate that hearing loss is not necessarily a hearing handicap (alt. resp.)	4. Handicap: effect of hearing impairment
		5. Dimensions of hearing ability
		a. sensitivity: ability to hear soft or low intensity sounds

*Student response required

Mode of Presentation	Objective	Content
		b. discrimination: ability to hear words
		c. frequency range: extent of low to high sounds as on musical scale that can be heard
CRT*	Recognize 500 - 2000 HZ as most important frequencies for hearing speech (mult. ch.)	1. 500 - 2000 cycles per second for speech
Audio		d. threshold: that point at which one begins to detect sound
CRT*	Indicate that one person may have different thresholds for each frequency in his hearing range (alt. resp.)	1. may vary at different frequencies; greater intensity (loudness) needed to reach threshold at high frequencies
CRT*	Conclude that the greater the hearing impairment, the more decibels of sound intensity needed to reach person's hearing level (alt. resp.)	2. often termed "hearing level"
		3. usually stated in decibels (measure of change in intensity)
CRT*	Recognize sensitivity as the variable measured by threshold tests (mult. ch.)	4. normal hearing level varies from about -10 to +15 decibels; 0 decibels is average
Image		B. Hearing process
		1. Sound conducted through outer ear and middle ear into inner
CRT		2. Sound changed into nerve impulses by end organ of hearing

*Student response required

Mode of Presentation	Objective	Content
		3. Nerve impulses travel up eighth nerve
		4. Nerve impulses perceived at cortex of brain
Image		C. Classification of hearing losses (by location)
Image		1. Conductive losses
Image		a. problem in getting sound to inner ear
Image Image		b. never total; sound can be made loud enough to vibrate bones in head
CRT*	Indicate that person with conductive loss could hear adequately if sound were made loud enough (alt. resp.)	
		c. causes:
		1. wax in ear canal
CRT*	Indicate that a broken eardrum does not produce a serious hearing loss (alt. resp.)	2. damage to eardrum
		3. problems in middle ear
		d. problems may be transitory (acute) or persistent (chronic)
		e. require medical or surgical treatment
Image		2. Sensori-neural losses
Image Image		a. involve end organ of hearing, or the nerve to the brain

*Student response required

Mode of Presentation	Objective	Content
		b. may be total 1. nerve to brain cut 2. Organ of Corti destroyed by disease or loud noise
CRT*	Indicate that enlarged adenoids may contribute to hearing loss by affecting the eustachian tube (alt. resp.)	
		c. may be congenital 1. result of inheritance or prenatal disease
CRT*	Indicate that physicians cannot usually help a sensori-neural loss (alt. resp.)	d. often chronic and permanent; not helped by medicine or surgery
Image		3. Central losses a. result from damage or malfunction in brain or its pathways
		b. difficulty in understanding and learning speech
		c. rarely found in regular school situations
		d. often mislabeled as retardation or deafness
CRT*	Indicate that child may suffer loss of hearing during illness (alt. resp.)	
CRT*	Indicate that children may have varying loss from day to day (alt. resp.)	

*Student response required

Mode of Presentation	Objective	Content
		D. Identification of hearing problems 1. Case finding a. no one specific way to detect a loss b. may be physical evidence of infection 1. running ears 2. most severe losses give no outward signs c. may be history of loss d. may or may not be complaints of pain or inability to hear e. unusual concentration on face of speaker f. inconsistent responses g. daydreaming h. silly responses i. shyness, lack of volunteering j. seclusiveness 2. Preliminary screening a. often done by school nurse b. coin-click test c. whisper test; must repeat words said in a soft voice d. pure-tone audiometer
CRT*	Indicate that a child may be unaware of his hearing problem (alt. resp.)	
Audio		

*Student response required

Mode of Presentation	Objective	Content
Series of Images (9)		
Audio		1. measures both intensity and frequency 2. results presented on audiogram
Image Image Image		
CRT*	Recognize that discrete frequencies, continuous ranges of pure tones, speech, noise, and music can all be used to test hearing (mult. ch.)	
		E. Referral and treatment 1. Otologists: medical doctor, specializing in problems of ear 2. Audiologist: specialist in testing and educational therapy; responsible for fitting hearing aids a. hearing aids 1. usually electrical; may be wearable or desk model a. consist of microphone, amplifier, power scorce, and receiver 2. should be selected at hearing clinic
CRT*	Recognize otologist as physician specializing in ear problems (alt. resp.)	
Image		
Audio Series of Images (5)		
CRT*	Indicate that hearing aids are not always powered by batteries (alt. resp.)	

*Student response requested

Mode of Presentation	Objective	Content
CRT*	Indicate that one should not talk louder when speaking to a child with hearing aid (alt. resp.)	3. sound is artificial; unwanted noises amplified as much as wanted sounds 3. Treatment depends on reason for loss a. medical treatment 1. losses of most children in regular classes can be helped by doctor 2. may remove obstructions, give medicine, treat allergies, or use surgery b. surgical treatment 1. may be relatively simple: opening ear drum 2. may be extensive: surgery on ear drum, bones in middle ear, bony shell of inner ear 4. Educational treatments a. deaf: have difficulty with language; usually require special school
CRT*	Indicate that the deaf are often educationally retarded (alt. resp.)	

*Student response requested

Mode of Presentation	Objective	Content
		b. hard-of-hearing: often remain in regular classroom 1. give best hearing possible: proper use of hearing aids 2. improve other channels of communication: speechreading a. child watches expressions, gestures, and outside clues as well as lips b. teaching speech reading is job of special teacher c. role of classroom teacher 1. do not stand in front of strong light 2. do not exaggerate lip movements 3. do not change topics abruptly 4. have child close to you if possible d. child gets most from combination of hearing and speechreading 3. supplement classroom lessons: special academic tutoring
CRT*	Indicate that gestures should not be avoided when speaking to hard-of-hearing child (alt. resp.)	

*Student response required

XI. SPEECH PROBLEMS

Mode of Presentation	Objective	Content
Image		A. Definitions
Image		1. Communication: broad process in which people interact and stimulate each other
		a. ideas and feelings exchanged
		b. gestures, noises, written marks, smells, etc., used as well as words
Image		2. Language: code using spoken or written symbols as medium of communication
		a. usually expressed with standard vocabulary of words strung together by rules of syntax
Image		3. Speech: basic form of language; primary channel of communication
		a. oral
		b. all other forms derived from it
		c. some, but not all, communication problems are result of speech problems
		d. end product of individual's total physical and emotional structure and unique set of experiences
		e. learned skill: depends upon maturation and education

Mode of Presentation	Objective	Content
		4. Speech problems a. may be cause or result of any number or kind of physical, psychological, environmental, behavioral or adjustment problems
CRT*	Indicate speech defects as most common type of exceptionality in children (mult. ch.)	b. most common type of exceptionality in children
		c. problem said to exist when speech: 1. interferes with communication 2. calls attention to itself 3. makes speaker feel maladjusted
CRT*	Indicate that problems in reading, spelling, or grammar, or speaking with foreign accent does not indicate a speech problem (mult. ch.)	d. not synonymous or identical to communication problems
CRT*	Indicate that neither slow intelligence, hearing loss, paralyzed tongue, nor adjustment problems is a necessary accompaniment of a speech problem (mult. ch.)	e. children with speech problems usually have normal intelligence, adequate hearing, normal physical structures, and adequate or satisfactory adjustment 1. should be thoroughly diagnosed by speech clinician to check for these problems

*Student response required

Mode of Presentation	Objective	Content
		f. related to problems in output channel of Information Processing Model
		B. Processes of speech
Image		1. Processes below eyebrows
Image		a. respiration
CRT*	Conclude that there is not one best way to breathe for speech (alt. resp.)	1. provides raw materials for sound of speech; air production
		2. air brought in by lifting ribs and lowering diaphragm
CRT*	Recognize that the diaphragm does not push air out of the chest cavity (alt. resp.)	3. air pushed out by lowering ribs and contracting abdominal muscles
CRT*	Conclude that most people with speech problems do not need breathing exercises (alt. resp.)	
Image		b. phonation: production of voice; takes place in larynx (voice box)
		1. voice produced at vocal folds
CRT*	Given example, differentiate voiced sound from voiceless sound (alt. resp. - 2 items)	a. some sounds voiced, others not
		b. vocal folds kept apart for normal breathing; held together with moderate tension when voice produced

*Student response required

Mode of Presentation	Objective	Content
		c. voice results from balance between air pressure below larynx and tension with which folds are held together
		2. determines pitch and loudness
		a. may be modified by resonators
Image		c. resonance: selective reinforcement or cancellation of parts of voice
Image		1. major resonators: oral cavity, nasal cavity, and pharynx
CRT*	Conclude that the basic pitch of a voice is related to the size of the larynx (alt. resp.)	2. characteristics of resonators determined by size, shape, texture of walls, and size of openings
CRT*	Conclude that a person with a prominent Adam's Apple is likely to have a deep voice (alt. resp.)	
		3. resonators affect quality of voice
		a. characteristic of voice independent of pitch or loudness
Image		d. articulation: production of sounds of language

*Student response required

Mode of Presentation	Objective	Content
Image Audio		1. phonemes: sounds of language a. set of sounds in which differences less important than similarities b. two sounds within phoneme may be made in different ways and sound differently, but both recognized as same phoneme
Image Audio		c. produced by movement of certain parts of speech mechanism (articulators): 1. lips 2. teeth 3. gum ridge 4. hard palate 5. soft palate 6. tip of tongue 7. blade of tongue 8. back of tongue d. consonants produced with varying degrees of closure of air path 1. plosives: produced by closing air passage completely, building up air pressure and exploding it suddenly

Mode of Presentation	Objective	Content
Audio		2. fricatives: produced by forcing air through narrow space 3. nasal sounds: resonated in nasal cavity 4. consonants may be voiced or voiceless a. voiced consonants produced at larynx with articulation movements in mouth; may feel vibrations
CRT*	Indicate that there are more than 10 vowels in English (mult. ch.)	e. vowels produced with open air passages; shape of cavities changed to produce different vowels 1. dipthongs: combinations of two vowels
Audio		2. all vowels are voiced
Image		2. phonetics: general study of sounds of speech a. includes production, description, designation by written symbols

*Student response required

Mode of Presentation	Objective	Content
		3. phonics: relationship of printed letters in written language to sounds of language
Audio		a. often poor relationship between printed representations of word and sounds in English language
Audio		b. teacher must learn to hear speech and not confuse it with written letters
CRT*	Select statement which best characterizes a particular sample of speech (mult. ch. - 2 items)	
Image		
Image		2. Processes above eyebrows
Image		a. cerebration
Image		1. wide range of mental abilities necessary for speech
CRT		a. intelligence and all activities of ideas and thought
		2. speech is learned; child's ability to learn rapidly or easily may have influence on way he learns speech

*Student response required

Mode of Presentation	Objective	Content
		b. reception 1. concerns sensory input; important for both learning and maintaining speech 2. hearing is major channel; also sensations of touch and position 3. as one talks, output is monitored by hearing sounds and feeling articulators and matching these sensations against internal models c. symbolization 1. process of giving meaning to sounds, patterns, movements, etc. 2. ability to use symbols meaningfully is basic to using language d. integration of speech processes 1. involves working together of brain, nerves, and muscles on intricate split-second basis 2. failure to integrate will result in speech problems

Mode of Presentation	Objective	Content
Audio Image		C. Kinds of speech problems 1. Problems classified on basis of: a. how they sound b. how they are caused c. a combination of the above
Audio		2. Articulation errors a. difficulty in producing phonemes 1. omissions 2. substitutions 3. distortions
CRT*	Select statement that best characterizes a particular speech sample (mult. ch. - 2 items)	
CRT*	Recognize the error in a particular sample of speech as substitution (mult. ch.)	
CRT	Optional review of definitions of plosive and larynx	
Audio		
CRT*	Given example, identify phonemes that are misarticulated (short ans.)	b. may misarticulate particular phoneme only some of the time

*Student response required

Mode of Presentation	Objective	Content
		c. causes 1. developmental slowness 2. poor opportunities for learning because of:
Audio		a. inadequate models b. little opportunity to practice c. little reward for attempts
		3. emotional problems
CRT		4. physical deficiencies a. missing or deformed articulators b. paralysis
		5. coordination difficulties 6. feedback problems a. hearing loss b. inadequate sensations for position of articulators
Audio		d. pronunciation errors: not saying word in acceptable manner 1. pronunciation determined by usage and custom; may change over time 2. not concern of speech clinicians

Mode of Presentation	Objective	Content
		e. speech therapy: job of speech clinician f. speech improvements: often job of classroom teacher 1. problems sometimes related to slow maturation or insufficient learning opportunities 2. often can be helped by speech improvement in classroom 3. Rhythm problems a. related to flow of speech b. situational nonfluency 1. experienced by all people in certain situations 2. affected by speaker's feelings, the content, and the listeners c. stuttering 1. much more severe than situational nonfluency a. may make more bizarre sounds and movements b. may react to nonfluencies more severely
Audio		

Mode of Presentation	Objective	Content
Audio		2. stutterer generally free from motor and coordination problems 3. problem often related to specific words and problems 4. often appears inconsistently a. leads to greater anxieties than consistent problem b. results in trying to conceal difficulty or in looking for magic button which will stop the stuttering 5. symptoms gradually become more severe a. speaker discovers behavior that seems to help him speak more fluently; continues to use it 1. stamping foot, snapping fingers, slapping thigh 2. inserting filler words, pretending not to know answer, pretending not to know word
CRT*	Conclude that a stutterer should not make use of tricks that let him speak without stuttering (alt. resp.)	

*Student response required

Mode of Presentation	Objective	Content
		6. symptoms change with time and are modified by experiences a. at first, person not aware of interruptions and repetitions b. as awareness increases, he begins to fight or avoid speech c. complete stoppage (blocks) increases 1. blocks more serious than open repetitions 2. repetitions may be more conspicuous 7. suggested causes a. physical, psychological, and environmental causes suggested; none universally accepted
CRT*	Conclude that stuttering is not necessarily linked to the mother (alt. resp.)	b. present theories assume stuttering is behavior that has been learned as result of unfortunate attitudes and experiences

*Student response required

Mode of Presentation	Objective	Content
		8. counseling and/or psychotherapy needed in addition to speech therapy
		a. each case must be handled on individual basis
		b. teacher's role is supportive
CRT*	Conclude that preschool children have periods of marked nonfluency (alt. resp.)	
CRT*	Conclude that some young children can be diagnosed as stutterers (alt. resp.)	
CRT*	Indicate that stutterers can sing without stuttering (alt. resp.)	
		d. cluttering
		1. stumbling over sounds; jerky rhythm as function of speaking rate
		2. often helped by slowing rate of speaking
		4. Voice problems
CRT		a. problems of phonation and/or resonance
		b. pitch
		1. problems of inappropriate placement; too "high" or too "low"
		2. pitch doesn't fit speaker's age or sex

*Student response requires

Mode of Presentation	Objective	Content
		3. inappropriate melody (inflection)
Audio		4. may be inappropriate for vocal equipment; may sound strained or may damage larynx
		5. pitch problems in young children usually solved by maturation and growth
		a. voice should not be forced up or down
		c. loudness
		1. problematic only as inadequate or inappropriate for specific situations
		2. referral necessary only if problem excessive
		3. may be reflection of total personality
		d. quality
Audio		1. usually identified descriptively
		a. breathy; hear unphonated air
		b. hoarse
		c. strident: metallic quality

Mode of Presentation	Objective	Content
CRT		d. nasal: too much resonance in nasal cavity e. denasal: no nasal resonance 2. may be result of learning, unconscious or deliberate imitation 3. more defiant problems may indicate physical deformity, paralysis, or growth in larnyx a. may be congenital or result of injury or disease b. growth in larynx 1. malignant (cancer): surgical or radiological treatment 2. benign: may be removed surgically c. may result from vocal abuse; much shouting at incorrect pitch e. complete loss of voice 1. rare in children 2. causes

Mode of Presentation	Objective	Content
		a. surgical removal of larynx (because of cancer) b. hysterical conversion symptom f. causes of more common voice problems 1. physical difficulties a. deformity of larynx or resonators b. paralysis c. benign or malignant growths 2. emotional problems 3. faulty learning habits a. poor hearing b. poor models
CRT		5. Language problems a. aphasia 1. difficulty understanding and/or producing the symbols of language, as result of brain injury a. degree of difficulty may differ for different people

Mode of Presentation	Objective	Content

b. may not be able to understand what is heard, but able to write

c. may produce jumble of words, but recognize when they are spelled out that they are not what one was trying to say

d. does not result from low intelligence, paralysis, or hearing loss

b. children may never acquire language; never learn to speak or understand words

1. no evidence of brain injury; similar to adults who have had stroke

2. often incorrectly diagnosed as deaf or mentally retarded

c. "Ghetto" or "Inner City" language

1. nonstandard English, rather than substandard

2. standard English may be taught as second language

6. Speech problems classified according to cause; does not tell exactly what particular child's speech will sound like

Mode of Presentation	Objective	Content
		a. cleft palate b. cerebral palsy c. deafness d. mental retardation D. Important concepts for teachers
CRT		1. All speech problems a. problems rarely have single cause; do not jump to conclusions on basis of few instances of behavior b. child can be trained to identify differences between speech sounds and different pronunciations of the same word; no one hears himself objectively without training c. if not able to make a sound, child must learn to imitate it and eventually recognize it d. parents, teachers, and specialists must work together as a team 1. child with speech problem needs to talk in the real world e. child with speech problem needs encouragement and support when he speaks

Mode of Presentation	Objective	Content
		f. other children are sometimes thoughtless; explain undesirability of laughing or teasing a child with a speech problem
		2. Stuttering
		a. child should be encouraged to talk and should be rewarded for all speech, not just fluent speech
		b. don't let child make up oral work by substituting written work
		c. call on child near beginning of class period; waiting produces anxiety and makes speaking more difficult
		d. excuse child from speaking if he is having an unusual amount of difficulty one day

XII. MOTOR, PHYSICAL, AND HEALTH PROBLEMS

Mode of Presentation	Objective	Content
Image		A. General statements
Image		1. Some physical impairments obvious; others not
CRT*	Conclude that it is impossible to tell from physical appearance whether children have related problems (alt. resp. - 2 items)	
CRT*	Conclude that children with organic impairments do not necessarily have related problems (alt. resp.)	
Image		2. May or may not involve problems in output channel
		a. reduced ability to respond in appropriate ways
		b. inability may be misinterpreted as unwillingness to respond
		B. Cerebral palsy
Image		1. Condition characterized by any abnormal alteration of movement or motor function arising from defect, injury, or disease of nervous system in brain
		a. organic impairment resulting in mobility problem
CRT	(Information about types of cerebral palsy is optional)	2. Types of cerebral palsy

*Student response required

Mode of Presentation	Objective	Content
Image		a. spasticity (spastics) 1. involuntary contraction of muscles when suddenly stretched 2. jerky movements, especially of upper extremities 3. movements seem explosive and poorly performed
Image		b. athetosis (athetoids) 1. involuntary contraction of successive muscles resulting in almost constant movement of the extremities 2. extremities move in wormlike writhing fashion 3. if ambulatory, child walks in lurching, stumbling manner 4. facial grimacing
Image		c. ataxia (ataxics) 1. impaired balance and sense of orientation and space 2. uncoordinated movements 3. stumbling or weaving gait
Image		d. rigidity 1. widespread continuous muscle tension 2. "lead pipe" stiffness

Mode of Presentation	Objective	Content
		3. Severity of cerebral palsy a. mild: able to walk and talk; appears physically normal except fine precision of movement may be impaired b. moderate: able to walk unassisted, but gait may be different from normal c. severe: usually unable to walk unassisted or talk clearly; little use of hands
CRT*	Given example of child with cerebral palsy, identify degree of severity displayed by the child (short ans. - 2 items)	
		4. Identification of cerebral palsied children a. severe cases usually identified before entering school b. mild cases more likely to be found in school c. teacher should be concerned with specific behaviors and associated disorders manifested by cerebral palsied children rather than with terminology
CRT*	Conclude that children with mild involvement are more likely to enter school undiagnosed (compl.)	

*Student response required

Mode of Presentation	Objective	Content
Audio Image		5. Disorders associated with cerebral palsy a. mental retardation 1. intelligence of cerebral palsied children ranges from retarded to gifted 2. about 50% of all cerebral palsied children score below 70 on individually administered intelligence tests 3. no relationship between severity of condition and IQ scores 4. may be penalized on verbal parts of IQ tests because 75% of cerebral palsied children have speech problems b. vision problems 1. cerebral palsied children are subject to the same kinds of visual defects as physically normal children 2. 50% have oculomotor defects 3. approximately 25-30% have subnormal vision a. many of those with subnormal vision also have oculomotor defects
Audio Image		
CRT*	Recognize that a child who is severely involved may have both mild and/or severe associated disorders (alt. resp.)	
CRT*	Conclude that the IQ and achievement test scores of a child with cerebral palsy are more likely to be inaccurate than those of a child with one leg or a ghetto child whose scores are above average (mult. ch.)	

*Student response required

Mode of Presentation	Objective	Content
		c. hearing problems 1. cerebral palsy may contribute to hearing problems 2. 15% have subnormal hearing d. epileptic seizures 1. present in 35% of cerebral palsied children e. perceptual problems 1. most cerebral palsied children have auditory or visual perceptual deficits
CRT*	Indicate speech problems as type of disorder most often associated with cerebral palsy (alt. resp.)	e. speech problems 1. disorder most commonly associated with cerebral palsy 2. 75% of cerebral palsied children have speech problems 3. subject to same speech disorders as normal children 4. specific speech problems related to cerebral palsy a. neuromuscular problems b. difficulty in controlling release of air from lungs

*Student response required

Mode of Presentation	Objective	Content
Image		7. Involvement of limbs a. monoplegia: paralysis or involvement of one arm or leg b. paraplegia: paralysis of two lower extremities c. hemiplegia: paralysis of one side of body d. triplegia: paralysis of both legs and one arm e. quadraplegia: involvement of the body below the neck C. Brain injury 1. Term "brain injury" not educationally helpful; tells only that characteristics interfere with the learning process and cause difficulty adjusting to school situation a. terminology is subjective b. brain injured children form heterogeneous group 2. No pronounced motor difficulty associated with cerebral palsy 3. May produce slight or suspected neurological damage a. organic impairments not easily discovered by examination

Mode of Presentation	Objective	Content
		4. May produce perseveration a. difficulty in shifting from one activity to another b. increased if the activity has been rewarding to the child
CRT*	Recall that if a child has derived pleasure from an activity, he will be less likely to terminate the activity (compl.)	
CRT*	Given example, identify perseveration as term to describe child's behavior (short ans.)	
CRT*	Conclude that hyperactive children usually do not complete many tasks that they begin (alt. resp.)	5. Often produces hyperactivity a. difficulty in remaining still for period of time; constantly talking, moving, and changing activities
CRT*	Recall persveration as the term to describe the behavior of repeating an activity (compl.)	
Image		6. May produce disturbances of perceptual motor system a. attraction to detail rather than wholeness b. easily distracted from tasks by extraneous stimuli c. inability to distinguish central figure from irrelevant background
Image		

*Student response required

Mode of Presentation	Objective	Content
Image		d. difficulty producing geometric figures from memory e. difficulty reproducing melodies played on piano f. difficulty identifying objects by touch alone
Image		
CRT*	Given examples, match descriptions of behavior with the appropriate perceptual-motor disturbance (match - 4 items)	
CRT*	Identify examples of a child's writing as reversals (compl.)	7. May produce reversals in reading and writing (WAS for SAW)
CRT*	Conclude that brain injured children will have difficulty playing games of physical skill (alt. resp.)	8. May produce awkwardness in physical activities a. inability to judge body position in space
		9. May produce disinhibition in social situations a. impulsive reactions: emotional overreactions b. display some of same behaviors exhibited by emotionally disturbed children
Audio		
CRT*	Match the specific behaviors of a child with the correct symptoms of brain injury (match - 6 items)	

*Student response required

Mode of Presentation	Objective	Content
CRT	Optional review of unusual attention to detail	
Audio		
CRT*	Given example, conclude that a child is in need of referral (alt. resp.)	
Image		
CRT*	Recall that a child's behaviors can be observed and can suggest the existance of brain injury (compl.)	
		D. Epilepsy 1. Problem of seizures; not cerebral palsy 2. Grand mal a. severe form; seizures more obvious b. body becomes rigid and shakes in jerky fashion for one to two minutes; person falls 3. Petit mal a. more subtle and difficult to detect b. brief loss of consciousness c. often accompanied by eye twitching of muscles of face or head
CRT*	Conclude that petit mal epilepsy is more likely to go undetected in children (alt. resp.)	
CRT*	Recall that momentary hesitation while reading is characteristic of a petit mal seizure (compl.)	

*Student response required

Mode of Presentation	Objective	Content
CRT*	State inattention, boredom (or a similar behavior) as easily confused with petit mal seizures (short ans.)	d. seizures often confused with inattention, boredom, day-dreaming, fatigue, anxiety, and distraction 4. Treatment of epilepsy a. drug therapy most widely used treatment 1. alleviates seizures totally in 50% of cases 2. partial control achieved in another 30% of cases b. drugs may produce certain side effects 1. dizziness 2. unsteadiness 3. rash 4. swollen gums 5. drowsiness 6. lethargy 7. stomach upset
Image		5. Procedure to follow in case of grand mal seizure a. remain calm b. lower child to floor if possible

*Student response required

Mode of Presentation	Objective	Content
		c. place coat or cushion under child's head
		d. loosen clothing about child's neck
		e. remove false teeth or orthodontic retainers, if any
		f. place soft object or handkerchief between child's back teeth
		g. restrain child only if he is in danger of hurting himself
		h. when seizure is over, allow child to sleep until he wakes naturally
CRT*	Indicate school nurse as person to whom referral should be made (short ans.)	i. report seizure to school nurse
		E. Chronic Health Problems
		1. Identification
		a. record of frequent absences may indicate lowered resistance to infection
		b. malnourishment may be indicated by listlessness, fatigue, inactivity, or failure to gain in height and weight
Audio		c. loss of appetite is one indication of a heart problem

*Student response required

Mode of Presentation	Objective	Content
		d. constant hunger, accompanied by loss of weight and strength and by consumption of large amounts of water are signs of diabetes
Audio		e. symptoms of orthopedic or muscular defects: 1. walking with unusual gait 2. falling frequently 3. climbing stairs with difficulty 4. standing with unusual posture 5. complaining of backaches 6. tilting head 7. hanging arms and hands limply 8. complaining of pain in extremities
		f. suspected cases of health problems should be referred to school nurse
CRT*	Indicate that it is not necessary for a teacher to identify the specific health problem when making a referral (alt. resp.)	g. not necessary for teachers to identify specific problems; should report suspected cases and: 1. follow recommendations of physician or school nurse in relation to child's physical management

*Student response required

Mode of Presentation	Objective	Content
CRT*	Conclude that a child suspected of having a health problem should be referred to the school nurse (short ans.)	2. report any observable changes in child's physical condition to physician or nurse 3. adjust physical environment and daily routine to accommodate child
		F. Drug abuse 1. Existence of problem
CRT*	Indicate that sleeping pills, alcohol, cough syrup, nutmeg, and narcotics are all substances which can be abused (mult. ch.)	a. misuse of certain substances from common medications and airplane glue to narcotics
Audio		b. drug abuse exists when drugs are used: 1. in excess 2. habitually without doctor's advice 3. for a purpose other than that for which they were originally intended
CRT*	Recognize that drug abuse has recently become a problem among youth (mult. ch.)	c. problems in United States currently receiving attention because of involvement of youth
CRT*	Recognize that drug abuse can be found among all classes of people (mult. ch.)	

*Student response required

Mode of Presentation	Objective	Content
CRT*	Recognize that approximately 20 million Americans have tried marihuana at least once. (mult. ch.)	1. estimated that 10% of the people in the U. S. have tried marihuana 2. 25% of all children under fifteen and 16% of all people over eighteen arrested in 1969 were involved in drug abuse
Audio		d. suggested causes of current problem
Audio		1. easy access to all kinds of drugs a. many can be brought without prescription b. available in family medicine chest 2. growing disenchantment of young people with society a. inconsistencies between ideals of democratic principles and actual practices of society b. inability to change society results in attempt to escape through drugs

*Student response required

Mode of Presentation	Objective	Content
		3. testimonials of well-known individuals a. respected rock singers and actors publicly announce virtues of drugs 4. peer group pressures a. wish to be accepted results in conformity to group philosophies
Audio		5. curiosity or experimentation a. youth are aware of drug usage but not of effects b. information concerning effects often confusing and contradictory
		2. Definitions a. drug dependency: physical or psychological need for drug brought about through its periodic or continuous use 1. term often used in place of "addiction" or "habituation" b. drug addiction occurs when person's body has developed a tolerance for drug; sudden stoppage of use produces withdrawal symptoms c. increasingly larger doses of drugs are required to produce desired effect

Mode of Presentation	Objective	Content
		d. withdrawal symptoms: physical reactions of body after drug's effect has worn off; symptoms depend on drug being used
		1. vomiting
		2. convulsions
		3. cramps
		4. sweating
		5. chills
		6. drowsiness
		7. nausea
Audio		e. drug habituation: occurs when person continues to use drug out of habit or emotional need
		3. Basic categories of drugs
		a. stimulants
		1. under normal conditions produce following effects
		a. increased alertness
		b. reduced hunger
		c. feeling of well being
		d. reduced fatigue
		2. commonly misused to stay awake to drive or cram for exams
		a. this abuse rarely causes difficulties unless habitual

Mode of Presentation	Objective	Content
		3. intentional misuse of stimulants a. taken to get high ("flying") b. effects allowed to wear off gradually or reversed by taking depressants 4. usually taken orally; can be injected ("speeding") a. injection produces more intense and immediate effects b. overdose by injection is fatal 5. if taken in large doses for long periods of time, may produce psychological dependence a. little evidence that physical dependence results from excessive use b. people hooked on stimulants called "speed freaks" c. treatment usually requires hospitalization

Mode of Presentation	Objective	Content
		6. amphetamines (uppers, pep pills) a. most common stimulant drug b. produce lift; peps up the user c. sold legitimately as weight reducing pills d. abuse can result in: 1. loss of appetite 2. loss of inhibitions 3. inability to sleep 4. unusual talkativeness
CRT*	Recognize that amphetamines can be safely used for losing weight (alt. resp.)	
CRT*	Recall that amphetamines help curb hunger (short ans.)	
CRT*	Recall "uppers" or "pep pills" as slang term for stimulants (compl.)	
		7. cocaine (snow) 8. benzedrine (bennies) 9. dexedrine (dexies) 10. methedrine (meth, speed) a. more powerful and more harmful than amphetamines; may cause physical dependence

*Student response required

Mode of Presentation	Objective	Content
		b. may produce unpredictable actions, violent behavior, paranoia
		c. may be injected or sniffed
CRT*	Recall stimulants as general category of drugs discussed above (short ans.)	
CRT*	List two drugs that fall into the category of stimulants (short ans.)	
CRT*	Recall that methedrine belongs to the stimulant category of drugs (compl.)	
CRT*	Recall "speeding" as term for injecting stimulant drugs (short ans.)	
CRT*	Recall that people trying to lose weight often misuse amphetamines (compl.)	
CRT*	Recognize that people can become drug dependent from stimulants (alt. resp.)	
		b. depressants or sedatives
		1. relax nervous system and induce sleep
		2. sometimes taken to come down from "high" produced by stimulants
		3. barbituates (goof balls, sleepers)
		a. largest group of depressants

*Student response required

Mode of Presentation	Objective	Content
		b. make user sleepy or act in strange manner; in large doses effects resemble drunkenness without presence of alcoholic breath 1. speech becomes slurred 2. ability to think, concentrate or work becomes impaired 3. certain people become angry or combative
		c. overdose may be fatal
		d. if taken in combination with alcohol may be fatal; increases effects of alcohol
CRT	Optional review of tolerance	
CRT*	Recall that withdrawal symptoms may result from the sudden stoppage of the heavy use of barbiturates (compl.)	e. may cause physical or psychological dependence
CRT*	Recognize that increasing amounts of a drug are needed to produce effects when a tolerance has been developed (mult. ch.)	

*Student response required

Mode of Presentation	Objective	Content
CRT*	Recognize that barbiturates increase the effects of alcohol (mult. ch.)	4. substances that produce effects similar to depressants: model airplane glue, paint thinner, and similar volatile substances a. users of these substances are usually elementary or junior high pupils b. effects produced by inhaling vapor c. excessive sniffing may result in temporary blindness, coma, or death c. hallucinogens (psychedelics) 1. provoke changes of sensation of time, color, space, and sound a. distortions occur and produce hallucinations and delusions b. experience is called a "trip"
CRT*	Recall "trip" as term describing delusions or hallucinations brought on by hallucinogenic drugs (short ans.)	

*Student response required

Mode of Presentation	Objective	Content
		2. marihuana (pot, grass) a. contains tetrahydracanna binal (THC) which produces the effects b. usually smoked in cigarettes or pipes; can be added to food or drink c. users do not usually progress to stronger drugs; heavy users may experiment with hashish (similar plant with 5 to 10 times higher THC content) d. reactions range from depression to excitement and pleasure; sometimes no noticeable change in behavior 1. emotional and sensory reactions influenced by: a. amount and strength of drug b. emotional set of individual c. social setting 2. sense of time and distance frequently becomes distorted

Mode of Presentation	Objective	Content
		3. reflexes and ability to think clearly affected e. long-term users may have deleterious effect on personality growth and development; evidence incomplete
CRT*	Recognize that marihuana will effect different people in different ways (alt. resp.)	
CRT*	Recognize that marihuana may produce somewhat different results each time it is taken (alt. resp.)	
CRT*	Recognize that a person will react to a drug according to his expectations and the social setting (mult. ch.)	
		3. peyote a. plant which grows in southwestern U. S.; used by Native American Church in religious ceremonies 1. this use is not considered drug abuse
		4. DMT; STP a. synthetic drugs

*Student response required

Mode of Presentation	Objective	Content
		5. lysergic acid diethylamide (LSD) a. man-made chemical; average dosage produces 8 to 10 hour trip b. commonly taken in sugar cubes, crackers, or cookies c. physical changes produced 1. increase in heart rate, blood pressure, and temperature 2. face becomes flushed; goose bumps appear on extremities d. physical distortions produced 1. familiar objects may seem unusually beautiful 2. flat objects may appear three-dimensional 3. music may appear to have color

Mode of Presentation	Objective	Content
		4. color may seem to have taste 5. distortions may result in harmful physical effects and in some cases suicide e. may cause psychological dependence; not physical dependence f. some evidence suggests chromosomal changes may occur in user and possibly in offspring g. "flashbacks" may occur; reoccuring, unannounced trips months or years after taking the drug
CRT*	Recall flashbacks as term for hallucinations or delusions that recur without warning (short ans.)	
CRT*	Recall hallucinogens as category of drugs to which LSD belongs (short ans.)	
CRT*	Recall 8 to 10 hours as the average length of an LSD trip (short ans.)	
		c. narcotics 1. category includes opium and opium derivatives (codeine, morphine) and synthetic drugs that produce morphine-like effects

Mode of Presentation	Objective	Content
		2. primary use is to relieve pain 3. use of narcotics is growing; presents serious problem a. estimated number of heroin users in U. S. is 200,000 4. produce physical as well as psychological dependence 5. heroin (smack, horse, junk); opium derivative a. usually injected; users can be identified by needle marks b. reduces hunger; use may result in malnutrition c. unsterilized needles may cause skin abscesses d. increasingly larger doses required to avoid withdrawal symptoms e. overdoses are fatal f. withdrawal symptoms appear 12 to 16 hours after last injection 1. sweating 2. shaking 3. chills 4. diarrhea 5. nausea 6. abdominal cramps
CRT	Optional review of withdrawal symptoms	

Mode of Presentation	Objective	Content
CRT		4. Suggestions for teachers a. stay calm; if suspect drug abuse by students, discuss problem with professional person 1. referral to physician may be required if problem is severe 2. do not tell everyone of suspicions b. keep channels for communication open; do not preach to young people or become moralistic c. don't use scare-techniques or sensational accounts to discourage drug abuse 1. these methods are not usually effective 2. have factual information; be able to answer questions honestly and accurately d. avoid making judgments about drug use merely by physical appearance, clothes, or hair; look at behavior e. have factual drug information available for interested persons 5. Behaviors that <u>may</u> be signs of drug problems: a. loss of interest in school

Mode of Presentation	Objective	Content
		b. loss of interest in social relationships with others c. deterioration of physical appearance d. development of problems in school or with parents

XIII. LEARNING DISABILITY

Mode of Presentation	Objective	Content
		A. Definitions
Image		1. Perception: process of classifying and storing information received through input channels
CRT*	Recall perception as the interpretation of information (compl.)	a. carried out in the brain
		b. synonymous with interpretation; includes categorizing of visual and auditory information
		2. Sensing: act of receiving information through eyes or ears; not interpretation
		3. Perceptual discrimination: identifying differences between objects
Audio		4. Perceptual memory: storing sensory information, both auditory and visual
CRT*	Recall that a child with a perceptual deficit would have trouble perceiving information (compl.)	5. Perceptual deficit: weakness in perceptual process
Image		6. Receptive language: ability to receive and understand language
Image		
CRT*	Select eyes and ears as primary sensory receptive mechanisms (short ans.)	a. usually received through eyes and ears and passed to brain
Image		b. meaningful interpretation of language
Image		

*Student response required

Mode of Presentation	Objective	Content
Image		
CRT*	Recall eyes and ears as senses through which most academic information is received (compl.)	
Image		7. Expressive language: expression of production of meaningful language
Image		a. expressed through output channels
CRT*	Select vocal and motor as output channels of the information processing model (short ans. - 2 items)	b. means by which person expresses himself; can be nonverbal as well as vocal
Image		8. Learning disability suspected when child has visual or auditory perceptual problem or receptive language problem
Image		a. usually considered problem of information processing; sometimes overlaps with problems of input
		B. Perceptual problems
		1. Children with learning disabilities have auditory and visual perceptual problems
		a. normal intelligence
CRT*	Conclude that children with a learning disability have normal vision and hearing (compl.)	b. normal sensory reception; vision and hearing

*Student response required

Mode of Presentation	Objective	Content
Image		c. minimal impairments in speech and motor behaviors
Audio		
CRT*	Conclude that impairments in the speech and motor behaviors of children with learning disabilities is minimal (alt. resp.)	d. slight articulation errors in production of speech frequently seen e. slight problems in eye-hand coordination frequently seen f. awkwardness in gross motor development such as walking and running occasionally seen
Audio		2. Three criteria for existence of learning disability
CRT*	Recall that children with learning disabilities have IQ's greater than 80 (compl.)	a. normal verbal intelligence; IQ of 80 or above b. academic underachievement in at least one subject area
CRT*	Recognize that having normal intelligence and low achievement is not sufficient to diagnose a learning disability (alt. resp.)	c. perceptual deficit and/or mild receptive language problem
Series of Images (6)		3. Visual perception
CRT*	Conclude that a child with a visual perception problem would be weak in dealing with information received through the eyes (short ans.)	
Image		a. visual discrimination
CRT*	Select drawing which reflects the more severe perceptual discrimination problem (alt. resp.)	1. ability to distinguish sizes, shapes, etc. of symbols and letters

*Student response required

Mode of Presentation	Objective	Content
		2. visual discrimination errors measured with tests such as Bender Motor Gestalt Test
CRT*	Conclude that a child with a less severe perceptual discrimination problem would be a better reader than a child with a more severe problem (alt. resp.)	b. visual memory 1. ability to retain or recall visual imagery such as shapes or letters 2. retention of letters, not whole words
CRT* Image	Conclude that visual perception problems exist when letter or word forms are interpreted incorrectly or inconsistently (compl.)	c. evidences of visual perception problems 1. letter or number reversals 2. mirror writing a. indicates severe visual perception problem
CRT* Image Audio Image	Read sample of mirror writing obtained from learning disabled child (short ans.)	
CRT* Image Audio	Conclude that a child with an auditory perception problem would be weak in dealing with information received through the ears (short ans.)	4. Auditory perception a. auditory discrimination

*Student response required

Mode of Presentation	Objective	Content
		1. ability to differentiate among sounds
		2. ability to recognize differences between letters or words
Audio		b. auditory memory
CRT*	Recall auditory perceptual memory as the inability to retain sounds alone or in combination (compl.)	1. ability to remember or retain sounds and combinations of sounds
Audio		c. evidences of auditory perception problems
		1. easily distracted by irrelevant background noises, especially unexpected or irregularly occurring sounds
		2. unable to discriminate between different speech sounds
CRT*	Recall that children with learning disabilities have auditory and visual perception problems (compl.)	
CRT*	Given a profile, identify child's level of visual perceptual discrimination (short ans.)	
CRT*	Given a profile, identify child's level of visual perceptual recall (short ans.)	
CRT*	Recognize child's actual auditory perceptual recall as being equal to his predicted auditory perceptual recall (mult. ch.)	

*Student response required

Mode of Presentation	Objective	Content
Audio		
Audio		
Image		
CRT*	Given profiles of 2 children select the child who would profit most from phonics (alt. resp.)	
		C. Characteristics of learning disabled children
Image		1. Reversals in reading and writing
Image		2. Poor printing or writing
Image		3. Word by word reading
		4. Inability to keep place during reading
		5. Frequent mispronunciations of beginnings or endings of words
		6. Inability to comprehend differences between speech sounds
		7. Short attention span and distractibility
		D. Expected and actual grade achievement
		1. Grade Level Equivalent (GLE): actual grade level of the achievement of the child
Image Audio		2. Predicted Grade Equivalent (PGE): point or grade level at which child would be achieving on basis of IQ and CA

*Student response required

Mode of Presentation	Objective	Content
CRT*	Given example, identify child's PGE (short ans. - 2 items)	
CRT*	Given example, select child with the higher PGE (alt. resp.)	
CRT*	Given PGE and GLE information for 2 children, select the child who is underachieving (alt. resp.)	3. If child's actual grade level equivalent is considerably below his predicted grade level equivalent, this discrepancy should be noted a. this discrepancy indicates underachievement; one of the three criteria used for definition of learning disability
Audio Image		E. Language 1. Device by which perceptual symbols are received and expressed as concepts a. learning to read heavily dependent on reception and expression of these concepts b. reading success dependent on ability to form language concepts and to associate sounds and letters in various configurations
Audio		2. Central language a. ability to form language concepts

*Student response required

Mode of Presentation	Objective	Content
		b. highly related to intellectual ability
		c. children with gross central language impairments frequently thought to be deaf, mentally retarded, emotionally disturbed, or culturally deprived
Image Audio Audio Audio		3. Receptive language problems
		a. analogous to output channels of information processing model
		b. all judgments about receptive and central language problems must be based on expressive language behavior
		c. associated behaviors
		1. speech problems
		2. emphasis on gestural, rather than vocal expression
		3. poor oral reading ability, but good comprehension of what is read
		4. Most children do not have clear-cut receptive or expressive language impairments
		a. have some of each
		b. frequently have additional perceptual impairment as well
		c. discrimination hard to make, even by specialists

Mode of Presentation	Objective	Content
		5. Ideas underlying concept of learning disabilities still being studied a. little agreement among authorities at present time b. new theories and ideas constantly being presented F. Referral procedures 1. Referral made to school psychologist a. assess child's verbal intelligence b. estimate expected grade level (PGE) c. determine type and extent of perceptual problems

XIV. INDIVIDUAL DIFFERENCES AND NORMALITY

Mode of Presentation	Objective	Content
		A. Organizing and Representing Data
		1. Bar graphs
Audio CRT*	Given heights of children, indicate each child's proper position on bar graph	a. present data about frequency or number of cases associated with labeled categories
Image Image Image CRT*	Indicate that one dimension is shown on bar graph (alt. resp.)	b. frequency dimension or number scale; only dimension essential in bar graph
CRT*	Recall bar graph as type of data representation being discussed (compl.)	
Image		2. Histograms
CRT*	Type heights of children along horizontal axis of histogram	a. two-dimensional frequency chart
Image		1. frequency represented by vertical bars
CRT*	Conclude that 3 units on bar of histogram represent frequency of 3 (short ans.)	
CRT*	Conclude that the total number of units of a histogram represent the total frequency of the data (short ans.)	
Image		2. unit of measurement represented on horizontal scale
		3. Frequency curve (frequency polygon)
Audio		a. formed by connecting top of each interval column of histogram
Audio		

*Student response required

Mode of Presentation	Objective	Content
		b. two dimensions: frequency and scale value
		c. elements of scale dimension bear relationship to each other
		d. continuous variation: given measurement extends one-half below and one-half unit above measured value
Image Audio		4. Normal curve of error
		a. if unit of measurement of histogram reduced to very small widths, smooth curve created which often has "bell shape"
		1. vertical dimension represents number of cases or frequencies
		2. horizontal dimension represents continuous scale or measure
		3. frequencies tend to pile up in middle of distribution and be relatively few at extremes
		4. total area under curve proportional to total frequency
		a. curve is symmetrical; 50% of area falls below exact center of distribution, and 50% falls above
CRT*	Recall frequency as term for the number of cases in a distribution (short ans.)	
Image CRT*	Recognize that the horizontal dimension represents a continuous scale of measurement (mult. ch.)	
CRT*	Recall that cases tend to pile up in the middle of a distribution (compl.)	
CRT*	Conclude that 50% of the area falls in the left half of the distribution (short ans.)	

*Student response required

Mode of Presentation	Objective	Content
CRT*	Conclude that the curved line never quite touches the base line because frequencies at the extremes of the distribution are rare (alt. resp.)	5. curved line approaches but never quite touches base line
		b. many human variables have shape of normal curve when plotted
CRT*	Given examples, identify the variable on which 2 children differ (short ans. - 4 items)	1. variable: measurable characteristic of individuals
		a. individuals differ from one another on a variety of variables (inter-individual differences)
CRT*	Repeat chronological age as basis for comparing children on physical variables (short ans.)	
CRT*	From list of variables, select those important for educational planning (mult. ch. - 2 items)	b. some variables relevant for educational planning; others not
Image CRT*	Recognize model as term which best describes normal curve (mult. ch.)	2. normal curve serves as model for handling and describing behavior variables and characteristics of children
		a. if distribution of real data is close fit to normal curve model, relationships and locations attributed to model can be transferred to "real" data

*Student response required

Mode of Presentation	Objective	Content
CRT*	Optional information on mathematical function of normal curve	c. characteristics of normal curve are described precisely by mathematical formula called "Incomplete Beta Function"
Image		
CRT*	Recall that cumulated percentage of frequencies at center of distribution is 50 (compl.)	d. center point of normal curve located at:
Image		
CRT*	Compute mean value of a distribution of scores (short ans.)	1. arithmetic mean: sum of values in distribution divided by number of observations
		2. median: middle value in ordered distribution of values
CRT*	Recognize symmetrical quality of model as the characteristic which makes the mean, median, and 50th percentage point coincide (mult. ch.)	3. these points occur at same center point in normal curve because of its symmetrical quality
Image		5. Normal deviate
CRT*	Recognize normal deviate as being an arbitrary but uniform measure (mult. ch.)	a. standard unit of width or distance on horizontal scale of normal curve model
		1. termed "standard deviation" when referring to distribution of "live" data
CRT	Optional review of normal deviate information presented thus far	b. measures distances from center point of normal curve model; center of distribution is zero point for normal curve
CRT*	Given partially completed table of normal deviate scale points, means, and standard deviations, complete the table with equivalent values	

*Student response required

Mode of Presentation	Objective	Content
CRT*	Given partially completed table of raw scores and normal deviates, complete the table with equivalent values	
Image CRT*	Given a distribution with a mean of 30, recognize that 22 and 38 are equidistant from the mean (mult. ch.)	
Image CRT*	Conclude that normal deviates below the mean have negative values, and normal deviates above the mean have positive values (compl.)	1. values above mean have positive values 2. values below mean have negative values
CRT*	Given example, compute the size of a normal deviate in score values (short ans.)	c. six normal deviates (three on each side of the mean) encompass all but .25% of the area under the curve
CRT*	Conclude that the area under the curve between -1σ and 0σ and the area between 0σ and +1σ are the same (alt. resp.)	d. distances on normal deviate scale have kind of equal and relative quality; i.e., normal deviate value of +2.0 is twice as far from the mean as normal deviate of +1.0
CRT*	Recognize symmetry as the quality that makes an area under the curve equal to a corresponding area on the other side of the median (mult. ch.)	
CRT*	Conclude that the area between -3σ and -1σ is not equal to the area between -2σ and +2σ (alt. resp.)	

*Student response required

Mode of Presentation	Objective	Content
CRT*	Given pairs of distances on the baseline of a normal distribution, indicate whether each pair is the same or different in area (alt. resp.)	
CRT*	Given 4 distances in terms of normal deviate values, rank the distances according to the frequency associated with each (short ans.)	
Image CRT	Given four 10-point spans between percentiles, rank the spans according to the baseline distance encompassed under the curve	1. the farther two equal frequency segments are from the mean, the greater the spread of standard deviations between them
Image CRT*	Recognize that the area between -1σ and +1σ includes about 2/3 of the total distribution (mult. ch.)	2. the farther a line segment is from the mean, the fewer frequencies are associated with it
CRT*	Given spans of normal deviate values, compute the percentages of area corresponding to each span (short ans.)	
CRT*	Given a child's position in a group of children, compute the normal deviate score corresponding to the child's position (short ans.)	

B. Measures of relative position

1. Percentiles: divide distributions into 100 equal parts
2. Quartiles: divide distributions into 4 equal parts

*Student response required

Mode of Presentation	Objective	Content
		3. Deciles: divide distributions into 10 equal parts
CRT*	Conclude that quintiles represent 5 equal parts (short ans.)	4. Quintiles: divide distributions into 5 equal parts
CRT*	Given a partially completed table with percentiles, deciles, and quartiles, complete the table with the appropriate equivalent values	5. Do not have equal and relative quality associated with standard deviations
Image		6. Important percentile points:
		a. 50th percentile corresponds to normal deviate of 0
Image		b. 84th percentile corresponds to normal deviate of +1.0
CRT*	Identify 84th PR as the PR corresponding to a normal deivate value of +1 (short ans.)	
Audio		
CRT*	Given percentile ranks, determine the normal deviate values that correspond to each (short ans.)	
CRT*	Optional practice of finding normal deviate values for percentile ranks (5 items)	
Audio		C. Derived scores
		1. T-scores
		a. distribution has mean of 50 and standard deviation of 10

*Student response required

Mode of Presentation	Objective	Content
CRT*	Given normal deviate values, identify equivalent score values (short ans.)	b. alleviate awkwardness of negative values and decimals associated with normal deviates
Image		c. can convert percentile ranks into T-scores
CRT*	Given T-score values, determine PR equivalent for each (short ans.)	
Image		
CRT*	Given 10 children, some of whom have raw scores, some of whom have normal deviate scores, and some of whom have percentile ranks on test A, rank the children from the highest to the lowest in terms of achievement on the test	
CRT*	Optional items covering the relationships among normal deviates, percentile ranks, and frequencies associated with segments along the baseline of a normal curve model	
Image		2. Stanines (contraction of standard nines
CRT*	Indicate that a distribution of stanine scores is symmetrical (alt. resp.)	a. single digit scores
CRT*	Compute the number of pupils who would fall into a particular stanine category (short ans. - 2 items)	b. calculated by taking band of values between .25 standard deivation above and .25 standard deviation below mean
CRT*	Conclude that a child with a score at the 79th PR achieved at a higher level than a child with a score at the 6th stanine (alt. resp.)	

*Student response required

Mode of Presentation	Objective	Content
CRT*	Conclude that a child with a score at the 79th PR achieved at a higher level than a child with a score at the 6th stanine (alt. resp.)	
Image CRT*	Recognize that a normal deviate value of 0 corresponds to stanine 5 (short ans.)	c. distribution symmetrical around middle digit of 5
CRT*	Recall median as middle score in an ordered distribution of scores (compl.)	3. Grade Level Equivalent (GLE)
CRT*	Compute GLE for groups of children tested in various months (short ans. - 5 items)	a. median score on given test for all children tested in given school grade
CRT*	If incorrect computation above, GLE information reviewed and items readministered	1. school year divided into 10 equal parts, beginning in September
Image		2. in representative group of children, only half will achieve GLE scores equal to or above grade in which they are tested
Image CRT*	Indicate that median raw scores increase for progressively higher grade levels (alt. resp.)	b. interpolation: finding points on smooth curve drawn through observed data
Image CRT*	Given graph, recognize that raw score of 26 corresponds to GLE of 3.8 (mult. ch.)	
CRT*	Recognize that Word Knowledge GLE of 3.8 means that the score is at the median for 3rd graders tested in April (mult. ch.)	

*Student response required

Mode of Presentation	Objective	Content
CRT*	Recall interpolation as term for finding points on a smooth curve drawn through observed data (compl.)	
Image		c. extrapolation: finding values outside observed data
		D. Relationship of normal curve to handicapped children
		1. Variability in human traits often follows known pattern
		a. many people tend to be near middle of distributions but few people at extremes
		2. "Normal Variability": wide band or range of human behavior considered normal or acceptable
		a. curve may help identify those persons who score well below middle ranges and whose behaviors thereby regarded as atypical or subnormal
Image		1. example: IQ of one or more standard deviations below mean of intelligence test is one criterion for diagnosis of mental retardation
		b. approximately 68% (2/3) of all people fall within one standard deviation (above or below) mean; normal variability

*Student response required

XV. PROFILES OF INDIVIDUAL DIFFERENCES

Mode of Presentation	Objective	Content
Image		A. Profiles 1. Profiling: systematic method of studying individual differences in children a. useful for children who are not experiencing educational problems as well as for those who are b. effective for identifying educational strengths and weaknesses 2. Consists of preparing charts or graphs to represent individual's characteristics 3. Raw scores of different variables are converted to another type of score so that meaningful comparisons can be made a. age equivalents: indicate average performance of specific (norm) group of children of various age levels b. grade equivalents: indicate average performance of specific (norm) group of children of various grade levels
CRT*	Indicate 6th grade as expected grade level for 11 year old children (compl.)	
CRT*	Conclude that most 16 year olds are in 11th grade (short ans.)	

*Student response required

Mode of Presentation	Objective	Content
Image CRT*	Identify child's grade equivalent in a given subject (short ans.)	
Image		4. Variables commonly included in profiles a. height b. weight c. motor coordination d. mental ability e. social maturity f. speech development g. language
CRT*	Given information about a particular child, plot each variable on profile	
Image Audio Image CRT*	Recall inter-individual differences as the term for differences between individuals (compl.)	B. Information gained from profiles 1. Inter-individual differences a. differences among children
Audio Image CRT*	Given profile, select line indicating age level (mult. ch.)	b. may use grade level of chronological age as baseline to which other variables are compared
Image Image Image Image Audio CRT*	Given example, conclude whether or not a profile indicates an inter-individual difference (alt. resp. - 7 items)	

*Student response required

Mode of Presentation	Objective	Content
CRT*	Given profile, identify age baseline (compl.)	
Image Image CRT*	Given profiles of 2 children, select variable representing the most extreme inter-individual difference between the children (mult. ch.)	
CRT*	Given profiles of 2 children, select the variable on which the children are exactly alike (mult. ch.)	
CRT*	Recognize inter-individual differences as indicating that 2 children differ from each other and from other children of the same CA (mult. ch.)	c. must determine: 1. what constitutes average, or typical performance for particular age group (or grade level) on certain variables 2. whether child performs better than, about the same as, or worse than, average for his age group (or grade level) on the variables
Image CRT*	Given profile, select the variables on which there are inter-individual differences (mult. ch. - 2 items)	d. inter-individual differences indicated by plots which are not on baseline

*Student response required

Mode of Presentation	Objective	Content
Image		2. Intra-individual differences a. differences within an individual child 1. pattern of strengths and weaknesses b. indicated by elevations and/or depressions on profile
Image Audio CRT*	Given profile, conclude whether or not intra-individual differences are indicated (alt. resp. - 3 items)	
Audio Audio Image CRT*	Recall intra-individual differences as term for differences within an individual (short ans. - 3 items)	
Image CRT*	Given profile, list variables which are below the baseline (mult. ch.)	
CRT*	Given profile, select the variables on which the child is highest (mult. ch.)	
Image CRT*	Quiz: Given profiles of 2 children, identify variables correctly and recognize intra- and inter-individual differences (mult. ch. - 3 items)	

*Student response required

XVI. RELIABILITY, VALIDITY, AND USABILITY

Mode of Presentation	Objective	Content
CRT*	Pretest: Information concerning the nature and characteristics of correlation (10 items) If 8 or more items answered correctly, information and interactions concerning correlation not presented	A. Correlation
Image Image		1. Degree of relationship or association between two sets of variables
CRT*	Identify correlation coefficient as way of indicating degree of relationship (compl.)	a. expressed as correlation coefficient b. high correlation does not mean causation
CRT*	Recognize that large values for measures of intelligence tend to be associated with large values for measures of achievement (mult. ch.)	2. Positive correlation indicates high score on one variable (X) associated with high score on another variable (Y); low score on variable X associated with low score on Y
CRT*	Recall negative relationship as appropriate term when high scores on one variable tend to be associated with low scores on another variable (compl.)	3. Negative correlation indicates high scores on variable X associated with low scores on variable Y; low scores on variable X associated with high scores on variable Y
CRT*	Recognize that a correlation coefficient of 0 indicates no relationship (mult. ch. - 2 items)	

*Student response required

Mode of Presentation	Objective	Content
CRT*	Recognize +.13 as indicating a low positive relationship (mult. ch.)	
CRT*	Recognize -.08 as indicating a low negative relationship (mult. ch.)	
CRT*	Recognize -.83 as indicating high negative relationship (mult. ch.)	
CRT	Optional practice at recognizing correlation coefficients that indicate various degrees and directions of relationships (mult. ch. - 3 items)	
CRT*	Recognize that correlation coefficients range from -1.0 to +1.0 (mult. ch.)	
Image Image CRT*	Given scatter diagram, indicate students' score(s) on test(s) (alt. resp. 8 items)	4. Scores for two variables may be plotted on graph (scatter diagram)
Image Image CRT*	Given scatter diagram, recognize what degree of relationship is indicated (alt. resp. - 4 items)	a. closer the plotted points cluster to define 45° diagonal line, higher the degree of relationship
Image CRT*	Recognize that the closer the points cluster to define a 45° diagonal, the higher is the relationship (mult. ch.)	
Image Image CRT*	Given scatter diagram, recognize relationship as being positive (mult. ch.)	b. line slanted toward right indicates positive relationship; line slanted toward left indicates negative relationship

*Student response required

Mode of Presentation	Objective	Content
Image CRT*	Given scatter diagrams, select the graph which indicates a negative relationship (mult. ch.)	
Image Image CRT*	Given scatter diagram, recognize direction and degree of relationship (mult. ch. - 2 items)	5. Estimate of relationship between scores on teacher-constructed tests a. examine rankings of pupils for each set of scores b. plot scores on graph to determine degree and direction of relationship
Image CRT*	Given example, conclude that 2 sets of scores are consistent (alt. resp.)	
		B. Reliability
CRT*	Conclude that the test with the highest correlation coefficient would be the most reliable (compl.)	1. Measure of consistency and dependability of information
CRT*	Select the test with the highest correlation coefficient as being the most reliable test (mult. ch.)	
Image		2. Types of reliability a. test-retest reliability
Image CRT*	Given behavioral observations, judge the consistency of a child's behavior (alt. resp. - 3 items)	1. measures stability of scores over time

*Student response required

Mode of Presentation	Objective	Content
CRT*	Conclude that inferences should be based on reliable data (compl.)	
Image		
Image		
Image		
Image		
Image		
		2. same test given on separate occasions will provide same results providing nothing was changed during interval between testings
CRT*	Given 2 sets of scores on 1 test, recognize the degree of consistency indicated (mult. ch. - 2 items)	
CRT*	Given example of test with low consistincy, indicate that the test was given on a holiday (short ans.)	
		3. influenced by length of time between test administrations
		a. short interval increases likelihood of "practice effect" from first administration
Image		
		b. long interval increases likelihood of new learning between test administrations
		b. equivalent forms reliability
Image		
		1. administration of two separate sets of items based on same test specifications and which have same means and variability
Image		
Image		
CRT*	Recognize that same mean and variability of a sample of learners are needed to have equivalent forms of a test (mult. ch.)	

*Student response required

Mode of Presentation	Objective	Content
Image CRT*	Given examples, conclude that information about a child is consistent from one evaluation method to another (alt. resp.)	a. tests similar in content and ideas covered, but composed of different items 2. eliminates "practice effect" of first test administration
Image CRT*	Given example, conclude that the ratings of 3 teachers show high consistency (mult. ch.)	c. inter-scorer reliability 1. consistency with which two or more scorers rate or score a set of observations or test items
CRT*	Recognize situation as an example of low inter-scorer consistency (mult. ch. - 2 items)	2. the more objective the evaluation procedure, the more likely that scorers will agree
CRT*	Indicate arithmetic problems as having higher inter-scorer agreement than written compositions or social behavior (mult. ch.)	
CRT*	Recall that arithmetic problems would have high inter-scorer agreement because they are objective (short ans.)	

*Student response required

Mode of Presentation	Objective	Content
Image		d. intra-scorer reliability
CRT*	Given example, conclude that intra-scorer reliability is not high (alt. resp.)	1. degree of agreement in ratings of one observer or scorer over period of time a. consistency in ratings of one observer when viewing different children or when viewing same child in different situations b. same set of standards must be applied in each situation
Image		2. influenced by variables such as success of lesson plan, family problems, temporary poor health, etc.
CRT*	Given example, recognize that intra-scorer consistency was influenced by mood (mult. ch.)	
CRT	Optional review of 4 types of reliability	
Image		
CRT*	Given example, recognize that teachers' ratings represent low inter-scorer reliability (mult. ch.)	
CRT*	Given example, conclude that a particular child's behavior is not consistent (alt. resp.)	
Image		
CRT*	Recognize that a teacher's fatigue, favoritism, and anger could all contribute to low consistency in grading (mult. ch.)	

*Student response required

Mode of Presentation	Objective	Content
Image CRT*	Identify the type of reliability of most concern for a particular situation (short ans. - 2 items)	
CRT*	Given example, conclude that teacher's behavior is not consistent (alt. resp.)	C. Validity
CRT*	Recognize valid results as those that provide the information that is wanted (mult. ch.)	1. Indicates how well an evaluation procedure measures what it is supposed to measure
Image Image CRT*	Given 2 evaluation methods, choose the one most valid for a particular situation (alt. resp. - 3 items)	a. evaluation method which allows child to display desired behavior in most direct way is usually most valid
Image		b. an evaluation procedure may be valid for one purpose but not for another
Image Image		c. validity is matter of degree; evaluation procedure may have high validity for one purpose and lower validity for another purpose
CRT*	Conclude that a teacher must use an evaluation procedure which has the highest validity for a given purpose (compl.)	
Image Image CRT*	Conclude that a particular evaluation method can have high validity for 1 purpose and low validity for another purpose (alt. resp. - 2 items)	

*Student response required

Mode of Presentation	Objective	Content
CRT*	Evaluate the degree of validity of a particular evaluation method for a given purpose (alt. resp. - 2 items)	2. Types of validity a. content (curricular) validity 1. extent to which an evaluation procedure is appropriate for measuring behaviors and content taught in a particular unit or teaching session
Image CRT*	Recall content validity as the concern of using the appropriate evaluation procedure for determining whether a child can display the behavior indicated by the objective (short ans.)	
Image Audio		
Image CRT*	Given examples, judge whether test items are representative of content (alt. resp.)	2. extent to which an evaluation procedure is representative of behaviors and content children expected to display a. all behaviors taught cannot be measured; content validity likely to be acceptable if representative sample selected
CRT*	Recall content validity as the type of validity indicated by favorable comparison between content and behavior used in teaching and between content and behavior used in testing (compl. - 2 items)	
Image CRT*	Given example, select test with higher content validity for a particular purpose (alt. resp.)	

*Student response requiredoblem

Mode of Presentation	Objective	Content
		3. concept applies to both published and teacher-devised tests
Audio		b. predictive validity
CRT*	Recognize that predictive validity is important when the purpose is to obtain information to predict future performance (alt. resp.)	1. concept applies when purpose is to obtain data which will be used to estimate future performance
CRT*	Recall high predictive validity as being indicated when information makes accurate predictions (compl. - 2 items)	2. indicates degree of relationship between predictor and criterion performance a. predictor: information used to make the prediction b. criterion: future performance that is to be predicted
CRT*	Given example, differentiate predictor from criterion (alt. resp. - 2 items)	
Audio CRT*	Given 3 predictors and 3 criteria, match each predictor with the appropriate criterion (match)	
Image CRT*	Given examples, select the situation that is most appropriate for determining the predictive validity of a particular test (mult. ch.)	

*Student response required

Mode of Presentation	Objective	Content
Audio CRT*	Conclude that teachers should be especially concerned about predictive validity when selecting aptitude tests (compl.)	3. scores obtained from evaluation procedure (predictor) correlated with scores on criterion performance at a later date
CRT*	Recognize that the predictive validity of evaluation procedure is determined by correlating scores on the evaluation procedure with scores on a criterion performance at a later date (mult. ch.)	
Image CRT*	Select the test with the highest correlation coefficient as the test with the highest predictive validity (mult. ch. - 2 items)	
Audio		D. Relationship between validity and reliability
Image		1. Evaluation procedure may be highly reliable but not valid for particular purpose
CRT*	Recognize situation as being an example of reliability information (alt. resp.)	
CRT*	Given example, conclude that a particular evaluation procedure will not yield the information needed (alt. resp.)	
CRT*	Given a concrete example, infer that an evaluation procedure can yield reliable results which are not also valid results (alt. resp.)	
Image		2. Evaluation procedure may not be valid unless reliable
Image		

*Student response required

Mode of Presentation	Objective	Content
CRT*	Given example, conclude that a particular evaluation procedure has low reliability (short ans.)	
Image Audio Image Image Audio		
CRT*	Given a concrete example, infer that if the results of an evaluation procedure are not reliable, the results cannot be valid (alt. resp.)	
Image		3. Reliability is necessary but not sufficient condition for validity
Audio		a. reliability influences validity
		b. may obtain results which are reliable but not valid
		E. Usability
CRT*	Indicate that if 2 tests are equally reliable and valid, the one easier to administer should be preferred (compl.)	1. Practical considerations dealing with administration and scoring of evaluation instruments
CRT*	Indicate usability as the determining factor when selecting between 2 equally reliable and valid evaluation procedures (short ans.)	a. these considerations are of secondary importance to reliability and validity
		2. Characteristics important for consideration
		a. appropriateness of procedure for group tested and purpose of testing
CRT*	Recognize that a norm group should be representative of the pupils who are to receive a particular test (alt. resp.)	1. must examine norm group

*Student response required

Mode of Presentation	Objective	Content
CRT*	Indicate that directions for administration, timing system used, and materials required for administration are all important in determining the ease of administration (mult. ch.)	b. ease of administration
Image CRT*	Given example, select the test with an easier timing system as the more usable test (alt. resp.)	
CRT*	Conclude that a 30-minute test is more desirable than a 45-minute test of equal reliability and validity (alt. resp.)	c. time necessary for administration 1. must be proportionate to amount of information gained
CRT*	Indicate that of 2 equally reliable and valid tests, the one which is easier to score should be preferred (alt. resp.)	d. ease of scoring
CRT*	Given 2 equally reliable and valid tests, select the one which can be machine scored as being more desirable (alt. resp.)	
CRT*	Conclude that a test manual which does not include clear directions for using test results is not usable (short ans.)	e. ease of interpretation and application of test results f. availability of equivalent forms g. cost of administration and scoring h. materials needed

*Student response required

XVII. SCREENING INSTRUMENTS, PART ONE

Mode of Presentation	Objective	Content
Image		A. Definition of screening instruments 1. Instruments used to "screen out" or "sort out" from the rest of the group those children who may have problems a. may be specifically designed to screen out individuals who exhibit deviations which are significantly different from average b. tests designed for other purposes such as tests of general mental ability, may also be used
CRT		2. Screening instruments separate children into two groups a. those who do not seem to have problems that might cause them difficulty in school b. those who may have problems that will hamper their school progress 1. these children often require more specialized evaluation
		3. Results of screening will not reveal exact nature of child's problems a. does not provide definitive diagnosis; should not be used as only source of information for educational placement decisions

Mode of Presentation	Objective	Content
		4. Data derived from other sources is valuable for screening; can be combined with information yielded by screening instruments
		B. Types of screening instruments
		1. Instruments designed to identify individuals who may have specific problem, for example:
		a. Snellen E Chart: vision problems
		b. X-ray examinations: tubercolosis
		2. Instruments designed to identify children who have general difficulties in school situations; the instruments described below exemplify this type of screening instrument
		C. Denver Developmental Screening Test (DDST)
		1. Purpose
		a. designed to identify young children who may have developmental problems
		1. not an intelligence test; does not give developmental quotient or developmental age
CRT*	Recall that the DDST was devised to detect children with developmental problems (short ans.)	
CRT*	List developmental quotient and developmental age as not being yielded by DDST (short ans.)	
CRT*	Recall other infant developmental tests as source of test items for the DDST (short ans.)	

*Student response required

Mode of Presentation	Objective	Content
		b. designed specifically as screening instrument
		2. Description
		a. administered individually; can be used with children aged 1 month to 6 years
Audio CRT*	Recall 1 month to 6 years as age range with which DDST can be appropriately used (short ans.)	
Audio CRT*	Explain that the DDST age groupings cover a shorter time at the younger ages because developmental changes occur faster at younger ages (short ans.)	
Image Audio CRT*	List the 4 sectors which comprise the DDST (short ans.)	b. consists of 105 tasks grouped into 4 sectors
		1. personal-social: ability to get along with others and care for one's self
Audio Image		2. fine motor-adaptive: ability to see and to use hands for various purposes
		3. language: abilities related to hearing and speaking
		4. gross motor: abilities such as sitting, walking, and jumping
CRT*	List direct observation and parental report as sources of information for DDST examiner (short ans.)	c. tasks scored on basis of child's ability to perform them

*Student response required

Mode of Presentation	Objective	Content
		1. certain items may be scored on basis of reports from parents
Series of Images (4) CRT*	Given DDST score form, determine the age at which a certain percentage of the standardization group could perform a given item (compl. - 2 items)	
Image CRT*	Given DDST score form, determine the percentage of children in the standardization group who could perform a certain item at a given age (short ans. - 2 items)	
Audio Series of Images (5) CRT*	Given DDST score form of a particular child, select the item failed by the child (mult. ch.)	
Image CRT*	Given DDST score form of a particular child, select the item refused by the child (mult. ch.)	
Image Image CRT*	Given DDST score form for a particular child, select the item (if any) which indicates a delay (mult. ch. - 2 items)	
Audio		d. results may be: 1. normal 2. questionable 3. abnormal
Image		
Audio		
Image		

*Student response required

Mode of Presentation	Objective	Content
Audio Image CRT*	Given DDST score form for a particular child, conclude whether the results are correctly classified as normal, abnormal, or questionable (alt. resp. - 4 items)	
CRT*	Given DDST score form classified as normal, abnormal, or questionable explain why the results are so classified (short ans. - 3 items)	
CRT*	Given DDST score form, classify the results as abnormal, normal, or questionable (mult. ch. - 5 items)	
Image Audio CRT	Given information, record child's name, birthdate, and date of testing on DDST form	
CRT	Compute child's age and enter it on DDST form	
Image Audio CRT*	Given partial list of items to be administered to a particular child in 1 sector of the DDST, select the final item to complete the list (mult. ch. - 2 items)	
CRT*	Conclude that identical items would not necessarily be administered to 2 children of the same CA (alt. resp.)	

*Student response required

Mode of Presentation	Objective	Content
Image CRT*	Conclude that a list of items to be administered to a particular child in 1 sector of the DDST is correct (alt. resp.)	
CRT*	Identify the number of items to be administered to a particular child in 1 sector of the DDST (short ans.)	
Audio Audio CRT*	Given description of a child's performance on particular items of the DDST, score the item appropriately on the DDST form (2 items)	
Audio Audio CRT*	Given description of a child's performance on a particular item, select the appropriate course of action for the examiner to follow (mult. ch. - 2 items)	
CRT*	Explain the appropriate course of action to follow when a child obtains a particular performance on the DDST (short ans.)	
Audio Image CRT*	State that a child's parents should be asked if a child's performance is typical of his everyday behavior (short ans.)	

*Student response required

Mode of Presentation	Objective	Content
Audio CRT*	Given DDST forms for 2 children of the same CA, compute the age of the children (short ans.)	
CRT*	Given DDST forms for 2 children of the same CA, select the child more likely to be mentally retarded (alt. resp.)	
Audio Image Image CRT*	Select the age at which a mentally retarded child would most likely accomplish a given task (mult. ch.)	
Audio Audio CRT*	Conclude that the test-retest reliability of the DDST is satisfactory (alt. resp.)	3. Each student received a copy of the DDST manual; validity and reliability information, standardization procedures, and administration and scoring instructions were discussed in detail
Audio CRT*	Conclude that the inter-rater reliability of the DDST is acceptable (alt. resp.)	
Audio Image CRT*	Explain that the DDST examiner should start by giving a child tasks he is able to perform so that the child can experience a feeling of success (short ans.)	
Audio CRT*	Given a child's date of birth and date of DDST administration, compute the child's age at the time of testing (short ans. - 2 items)	

*Student response required

XVIII. SCREENING INSTRUMENTS, PART TWO

Mode of Presentation	Objective	Content
		A. First Grade Screening Test (FGST)
Audio		1. Purpose
		a. designed specifically for screening purposes
		b. designed to identify those children who would probably not, without special help, be ready for second grade the following year
		1. does not diagnose specific problems
		2. further testing is advised when a child is screened out
		c. designed to prevent children who are likely to be unsuccessful in the first grade from suffering the experience of failure
		2. Description
		a. should be administered at end of kindergarten program or very beginning of first grade
		1. kindergarten administration allows more time for educational planning
CRT*	Recall end of kindergarten or beginning of first grade as the proper time for the FGST to be administered (short ans.)	
CRT*	Indicate that boys and girls need not be tested separately on the FGST (alt. resp.)	

*Student response required

Mode of Presentation	Objective	Content
CRT*	Indicate that there is no time limit for completion of the FGST (short ans.)	
Audio		b. concerned with three major kinds of handicaps which could potentially cause school failure; often manifested together 1. intellectual retardation 2. central nervous system dysfunction 3. emotional disturbance
Audio		c. yields single, composite score 1. more specialized evaluation needed when child receives low score
CRT*	Recall that the FGST booklet presents 1 item per page to aid in administering the test (short ans.)	2. contains 29 items worth 1 point each
Audio		3. percentile ranking provided for raw scores
Audio		
CRT*	Given table of percentiles for FGST determine the percentile ranking of a particular score (short ans. - 2 items)	
CRT*	Given raw score or percentile rank, state the percentage of children who scored above and/or below that point in the distribution (short ans. - 3 items)	

*Student response required

Mode of Presentation	Objective	Content
CRT*	Given table of percentiles for FGST, determine the raw score of a particular percentile rank (short ans.)	
CRT	If 2 of the first 3 items above answered incorrectly, a review of percentiles was presented and more practice items administered	
Audio CRT*	Explain the meaning of a particular percentile ranking so that it is understandable to a person unfamiliar with percentiles (short ans.)	3. Uses
Audio		a. decisions about educational placement made on basis of cutting score
CRT*	Recognize example as being a cutting score (compl.)	1. cutting score: score used to divide children into two groups; those scoring at or below cutting score referred for special evaulation
CRT*	Given a particular cutting score, determine the percentage of children who will be referred for special evaluation (short ans.)	
Audio CRT*	Recall cross validation as the procedure of using a particular cutting score on another group of children similar to those for whom the score was first selected (compl.)	2. appropriate cutting score determined for each school that uses test

*Student response required

Mode of Presentation	Objective	Content
CRT*	Recall 15 as the cutting score suggested by the FGST Manual as a general guide or starting point in selecting a cutting score (compl.)	
CRT*	Given the characteristics of communities, select the level of cutting score most appropriate for each community (alt. resp. - 2 items)	3. factors influencing appropriate cutting score
Audio		a. academic standards of community
Audio		b. availability of facilities and personnel
CRT*	Given examples, select the item more relevant for choosing a cutting score in various situations (alt. resp. - 5 items)	
Audio		
CRT*	Identify teachers' ratings of first grade achievement as the criterion for the effectiveness of cutting scores on the FGST (short ans.)	
Audio		
CRT*	Conclude that instructional grouping is a good way to use FGST scores (alt. resp.)	b. scores may be used to divide students into groups for instructional purposes
Audio		4. Each student received a copy of the FGST Manual; validity and reliability information, standardization procedures, and instructions for administration and scoring were discussed in detail
Audio		
CRT*	Select the statement that best describes the processes involved in the pilot studies of the FGST (alt. resp. - 4 items)	

*Student response required

Mode of Presentation	Objective	Content
CRT*	Conclude that the FGST developers were justified in presenting the norms of boys and girls together (alt. resp.)	
CRT*	Identify predictive validity as the type of validity of most concern when developing the FGST (compl.)	
Audio Audio CRT*	Given FGST normative tables, determine the appropriate cutting scores for communities of various descriptions (short ans. - 2 items)	
CRT*	Given FGST normative tables, determine the accuracy of various cutting scores in predicting first grade success in different communities (short ans. - 2 items)	
Audio CRT*	Conclude that the FGST can predict first grade success with acceptable accuracy (alt. resp.)	
CRT*	Identify test-retest reliability as the type of reliability investigated by the FGST developers (short ans.)	
CRT*	Conclude that the reliability coefficients of the FGST indicate that the test is sufficiently stable (alt. resp.)	
Audio Audio CRT*	Conclude that test-retest reliability measured after a 2-week interval would be influenced by recall of the previous testing (alt. resp.)	

*Student response required

XIX. SCREENING INSTRUMENTS, PART THREE

Mode of Presentation	Objective	Content
		A. Metropolitan Readiness Tests
Audio		1. Purpose
CRT*	Classify MRT as a type of aptitude test (short ans.)	a. group test of general aptitude
CRT*	Conclude that young children are not hindered on the MRT because of lack of writing skills (alt. resp.)	b. intended to measure extent to which young children have acquired skills and abilities which contribute to readiness for tasks typically required in first grade
		1. children who perform well on the test have good chance of achieving first grade work without difficulty
CRT*	Conclude that a child who performs poorly on the MRT should not be excluded from first grade (alt. resp.)	2. children who do not perform well will probably experience some difficulty in learning during first grade
		c. designed to assess most important components of first grade readiness
		1. comprehension and use of oral language
		2. visual perception and discrimination

*Student response required

Mode of Presentation	Objective	Content
		3. auditory discrimination 4. richness of verbal concepts 5. general mental ability; capacity to infer and to reason 6. knowledge of numerical and quantitative relationships 7. sensory-motor abilities of the kind required in handwriting of numerals, and drawing 8. adequate attentiveness; the ability to sit quietly, to listen, and to follow directions
		2. Description
CRT*	Recall end of kindergarten or end of first grade as proper time for administration of the MRT (short ans.)	a. should be administered at end of kindergarten year or beginning of first grade year
CRT*	Conclude that first grade norms can be applied to kindergarten children (alt. (resp.)	
Audio CRT*	Recall 7 as total number of subtests included in the MRT (short ans.)	b. comprised of 6 required subtests and 1 optional subtest 1. word meaning 2. listening 3. matching 4. alphabet
CRT*	Indicate that individual help and instructions should be given during the practice items before each subtest (short ans.)	

*Student response required

Mode of Presentation	Objective	Content
		5. numbers 6. copying 7. draw-a-man (optional)
CRT*	Recall 60 minutes as total working time for the MRT (short ans.)	
CRT*	Recognize that interpretation should be based on the total score rather than the separate subtest scores (alt. resp.)	
CRT*	Conclude that the most sensible use of the subtest scores is to indicate strengths and weaknesses of a student (alt. resp.)	
CRT*	Recognize that a percentile indicates the percentage of pupils in the standardization group who made scores equal to or below the represented score (alt. resp.)	c. percentile rankings and stanine levels for raw scores provided
Audio CRT*	Given particular score (or percentile rank) on the MRT, determine the percentile rank (or raw score) corresponding to that point in the distribution (short ans. - 2 items)	
CRT*	Given table of Readiness Status groups, indicate likelihood of success of child with a particular score (alt. resp. - 2 items)	d. table for grouping pupils into 5 Readiness Status groups on basis of raw scores provided; significance of each status group indicated
Audio CRT*	Conclude that a teacher should not pay less attention to those children who receive high scores on the MRT (alt. resp.)	

*Student response required

Mode of Presentation	Objective	Content
CRT*	Indicate that a classroom teacher with no special training in testing may administer the test herself (alt. resp.)	3. Uses for classroom teacher
CRT*	Conclude that a child who receives a very low score on the MRT may benefit from retesting (alt. resp.)	a. obtain quick indication of readiness of each of her pupils to do first grade work, especially with reference to learning of reading and arithmetic
CRT*	Indicate that a child's activities should not be restricted because of a poor performance on the MRT (alt. resp.)	b. identify specific areas in which child (or group) appears not to have attained level of maturity or skill adequate for coping with first grade work
CRT*	Conclude that drilling students on the items they missed is not a good use of MRT results (alt. resp.)	
Audio CRT*	Indicate that using MRT scores to group pupils is a valid use of the test (alt. resp.)	c. as objective, reliable basis for initial grouping of pupils for instructional purposes
		d. assess range of readiness among her pupils so as to better define her educational problems
		e. adapt instruction to level of class and of subgroups she may organize
		f. indicate when formal work in reading and numbers should be started

*Student response required

Mode of Presentation	Objective	Content
CRT*	Indicate that it is proper to show some concern for local norms as well as national norms (alt. resp.)	g. determine whether pupils have progressed in accordance with their readiness or aptitude by comparing readiness test results with achievement test results or teacher grades at end of year
Audio CRT*	Conclude that the content validity of the MRT is acceptable (alt. resp.)	4. Each student received a copy of the Metropolitan Readiness Tests Manual; validity and reliability information, standardization procedures, and instructions for administration and scoring were discussed in detail
CRT*	Identify predictive validity as the type of validity of most concern in MRT (compl.)	
CRT*	Identify Metropolitan and Stanford Achievement Tests as the criteria used to measure students' actual first grade performance (short ans.)	
CRT*	Conclude that the predictive validity of the MRT is adequate (alt. resp.)	
CRT*	Identify odd-even reliability as the type of reliability presented for the MRT (short ans.)	
Audio CRT*	Given table of MRT reliability information, state the highest obtained reliability coefficient (short ans.)	

*Student response required

Mode of Presentation	Objective	Content
CRT*	Conclude that predictions based on the entire test are more reliable than predictions based on any one of the subtests (alt. resp.)	
Audio CRT*	Select the statement which was an objective of revising the 1949 version of the MRT (alt. resp. - 3 items)	
Audio Audio CRT*	Indicate content validity as the type of validity gained from including a representative sample of skills and abilities in the test (compl.)	
CRT*	Recall that 3 experimental forms of the revised test were developed (short ans.)	
CRT*	Recognize that the standardization sample included pupils from many different socioeconomic levels (alt. resp.)	
CRT*	Conclude that the normative sample was representative of geographic and socioeconomic levels (alt. resp.)	
CRT*	Indicate that it is not a good idea to administer the MRT to 25 pupils in one group (alt. resp.)	
CRT*	Conclude that a child who is likely to disrupt the test administration may be tested individually (short ans.)	
Audio CRT*	Conclude that a teacher should not add hints when a child is confused about an item during the test administration (alt. resp. - 2 items)	

*Student response required

XX. DOCUMENTATION AND REFERRAL PROCEDURES

Mode of Presentation	Objective	Content
Audio Image		A. Documentation and/or referral 1. After gathering all possible information, the teacher must decide:
Image		a. child needs to be referred to specialist for further diagnosis; or b. child has problem of such a nature that it can be handled in the classroom setting
Audio Image		2. Teacher Referral Statement a. uses
CRT*	Conclude that if any questions on the Teacher Referral Statement are unanswered, the missing information must be obtained (short ans. - 2 items)	1. document need for referral and collate collected data 2. check adequacy of information about child and provide guidelines as to additional information needed 3. starting point and guide in planning and implementing modifications in child's educational program
Audio CRT*	Recall that the Teacher Referral Statement describes the child in terms of what he can do (compl.)	b. form describes child in terms of what he is able to do; considers conditions under which child can perform rather than outlining child's difficulties

*Student response required

Mode of Presentation	Objective	Content
		1. does not include statements about possible causes of problems
Audio		c. information included in Teacher Referral Statement
		1. general information
		a. name b. birthdate c. sex d. grade e. teacher f. date of report
		2. achievement data: precise description of child's typical performance in subject areas in behavioral terms, including samples of child's work and/or test results when applicable
		a. oral language b. written language c. reading comprehension d. word analysis skills e. mathematical comprehension f. computation abilities g. music h. art i. dramatic play j. other (specified)

Mode of Presentation	Objective	Content
		3. learning behavior checklist: statements which describe behavior usually exhibited by child indicated by checkmarks; supporting information and elaboration provided in comment section
		a. behaviors related to inputs
		b. behaviors related to information processing
Audio CRT*	Given example of child's behavior select the statement from the Teacher Referral Statement which best generalizes the behavior in information processing terms (mult. ch. - 2 items)	
Audio		c. behaviors related to outputs
		d. behaviors related to feedback
Audio		4. physical symptoms checklist: statements which apply to the health and physical attributes of the child are indicated by checkmarks; elaboration and supporting information is provided in comment section

*Student response required

Mode of Presentation	Objective	Content
		5. social-emotional behaviors checklist: social-emotional behaviors which are typically displayed by the child are indicated by checkmarks; elaboration and supporting information is provided in comment section
		B. Behavior modification techniques
Audio		1. Teachers constantly manipulate childrens' behaviors
		a. they may not be aware of the manipulation
		b. knowledge of behavior modification allows systematic and efficient, rather than haphazard, manipulation
		2. Rewards (reinforcers): events which influence behavior in positive way
Audio		a. event cannot be termed reward until subsequent effect on behavior is determined
CRT*	Given sequence of events in the reinforcement process, identify the reward (short ans - 3 items)	
CRT*	Given sequence of events in the reinforcement process, judge whether the consequences of the initial behavior is a reward (alt. resp. - 3 items)	
Audio		
Audio		

*Student response required

Mode of Presentation	Objective	Content
Audio		b. sequence of occurrences in process of reinforcement: 1. behavior occurs spontaneously 2. event (or consequence) follows the behavior 3. if consequence is pleasant or meaningful, the event will tend to have positive influence on behavior, and 4. behavior will tend to occur with greater frequency
Audio		
CRT*	Given first 3 steps of reinforcement process, provide the final step (short ans.)	
Audio		3. Determining reward preference
CRT*	Given situation, select the statement which best generalizes the strategy for administering rewards (mult. ch. - 2 items)	a. considerable differences exist among people in preferences for rewards 1. individualization of rewards enhances learning
Audio		b. if an event is not satisfying, it probably will not influence behavior in a positive way c. ways of determining reward events 1. observe child's behavior and analyze situations to discover reinforcing conditions

*Student response required

Mode of Presentation	Objective	Content
		2. experiment; try different events to see what effect they have on child's behavior
		3. ask child what events he prefers
		4. Reinforcement schedules
Audio CRT*	Given situation, conclude that the appropriate behavior was not rewarded (alt. resp.)	a. rewards should be administered immediately following the behavior
Audio		b. when child is acquiring new behavior (acquisition stage), reinforcer should be administered each time behavior occurs
		c. after behavior has become strengthened (maintenance stage), frequency of reinforcement should be diminished (intermittent schedule)
Audio		5. Shaping
		a. technique to help child acquire behaviors which they are not likely to exhibit spontaneously
Audio		b. procedure:
		1. determine behavior you want child to exhibit (target behavior)

*Student response required

Mode of Presentation	Objective	Content
		2. determine the events that are effective rewards for the child
CRT*	Select the response to be rewarded as the first approximation to a given target behavior (alt. resp.)	3. reinforce small steps (successive approximations) in the direction of the target behavior
		4. gradually increase expectations and reinforce only behaviors that are closer to the target behavior
		a. continue this process until child has displayed target behavior
		5. when target behavior is first displayed, reinforce it every time it occurs (constant reinforcement)
CRT*	Conclude that the task of shaping is not finished when the child displays the target behavior (alt. resp.)	6. when target behavior is strong, gradually cut back frequency of rewards; reward behavior some of the time, but not all the time (intermittent reinforcement)
		6. Eliminating undesirable behaviors
		a. methods of eliminating undesirable behaviors

*Student response required

Mode of Presentation	Objective	Content
Audio		1. withdrawing or failing to provide reinforcement (extinction)
Audio		2. use shaping technique to help child acquire new behavior that is incompatible with undesirable behavior
Audio		b. undesirable behavior is often inadvertently reinforced by providing attention for child
Audio		7. Key principles
		a. liberally reward behavior you wish child to acquire
		b. occasionally reward stable behavior in order to maintain it
		c. avoid rewarding undesirable behaviors
CRT*	Speculate that verbal praise is more indicative of maturity than candy (alt. resp.)	d. abstract types of rewards such as verbal praise considered more mature than concrete or tangible rewards such as food or prizes
Audio		1. if abstract events are administered along with tangible events, the abstract events will gradually take on reinforcing properties and will eventually function as rewards

*Student response required

XXI. CASE HISTORIES

Mode of Presentation	Objective	Content
	Apply material presented in CARE1	
CRT*	Make decisions about the gathering and utilization of information, the adequacy and documentation of information, referral procedures, and behavior modification procedures for three children with problems that might interfere with their school performances	
CRT*	Choose information to be examined and make decisions based on it	
	Perform each step of the decision process flowchart	
	Survey: examine information provided for each of 15 children in a hypothetical first grade classroom	
Handbook		A. Cumulative records of 15 first grade students 1. Information included: a. biographical data 1. name 2. sex

*Student response required

Mode of Presentation	Objective	Content

3. birthdate
4. address
5. phone number
6. place of birth
7. previous residences
8. father's name, address, occupation, and school grades completed
9. mother's name, address, occupation, and school grades completed
10. number of brothers
11. number of sisters
12. position in family

b. health data

1. physical defects

2. hearing test

a. date of examination
b. name of examiner
c. results

3. vision test

a. date of examination
b. name of examiner
c. results

c. preschool experience

1. preschool program attended, if any

Mode of Presentation	Objective	Content
		2. dates attended 3. location 4. name of teacher d. scholastic data 1. kindergarten grades 2. teacher's comments e. cumulative test results 1. ABC Readiness Test a. date administered b. form c. raw score d. percentile
CRT*	Screen: choose three children from the group who would seem to have difficulty in regular first grade work	
CRT*	Make decision on basis of information provided in cumulative records	
CRT*	Conclude that these three children should be screened out: Richard Thomas Kenner Pamela Lynn Cosner Peter Kenneth Shelby	

*Student response required

Mode of Presentation	Objective	Content
	Diagnose: gather information about each of the three children who were screened out	
CRT*	Given information about the behaviors and the inter- and intra-individual differences of the child, indicate the proper use of the information, evaluate its adequacy, prepare documentation, and select the next piece of information to be presented	
CRT*	Recall terms and recognize principles and generalizations from previous chapters of CARE 1	
		B. Information available for Richard Kenner (access and order of presentation determined by students' responses):
Handbook		1. Observational record
Handbook		2. Academic report
Handbook		3. Results of Denver Developmental Screening Test
CRT		4. Results of group intelligence test
CRT		5. Results of hearing test
Audio		6. Interview with parents
CRT		7. Two reports of school psychologist

*Student response required

Mode of Presentation	Objective	Content
		C. Information available for Pamela Cosner (access and order of presentation determined by students' responses):
Handbook		1. Observational record
Handbook		2. Academic report
CRT		3. Report of physical examination by school nurse
CRT		4. Results of group intelligence test
Audio		5. Interview with parents
		D. Information available for Peter Shelby (access and order of presentation determined by students' responses):
Handbook		1. Observational record
Handbook		2. Academic report
Handbook		3. Sociograms
		a. work group
		b. play group

Mode of Presentation	Objective	Content
Audio/Handbook		4. Self-report inventory
CRT		5. Results of Metropolitan Readiness Test
Handbook	Complete Teacher Referral Statement for each child on whom diagnostic data is gathered	
	If data is inadequate and more information is available gather more information	
	If data is inadequate but more information is not available choose proper specialist to complete data	
	If data is adequate, choose appropriate course of action for remediation of problem	
	Follow up: decide proper course of action for remediation	E. Follow up procedures
CRT*	Refer Richard to school nurse for hearing test	
CRT*	Recall appropriate treatment of child while awaiting correction of hearing problem	1. Classroom treatment of child with hearing problem

*Student response required

Mode of Presentation	Objective	Content
		a. improve other channels of communication; speech reading 1. do not stand before strong light 2. do not exaggerate lip movements 3. do not change topics abruptly 4. have child as close to you as possible 5. do not expect child to get every word
		b. supplement classroom lessons 1. cooperate with special hearing teacher
CRT*	Refer Pamela to school nurse for physical examination to confirm suspicion of epilepsy	
CRT*	Recall proper treatment of epileptic child in classroom	2. Appropriate treatment of epileptic child in classroom

*Student response required

Mode of Presentation	Objective	Content
		a. know side effects of drug treatments b. be flexible in allowing the child to recover from attacks c. avoid focusing undue attention on the child d. minimize stressful situations and alleviate feelings of embarrassment
CRT*	Use appropriate behavior modification techniques to help Peter: a. sit near visual stimuli in order to see better b. concentrate on learning tasks for longer periods of time	

*Student response required

XXII. SUMMARY

Mode of Presentation	Objective	Content
CRT		A. Brief review of points covered in course 1. Decision process a. guideline for making decisions about children b. emphasis on continual evaluation, constant monitoring of children's progress c. knowledge of characteristics of atypical children important for decision making 2. Information Processing Model a. aid in structuring information about handicapped children b. aid in identifying children with educational problems c. facilitates communication with other professionals 3. Behavior a. emphasis on dealing with observable behavior b. caution against regarding single behavioral incident as evidence of particular handicap 1. identical behaviors may be found in children with different disabilities

Mode of Presentation	Objective	Content
		2. same disability may produce different behaviors in different children 3. handicapped children often have related disabilities or problems 4. Individualization of instruction a. instruction for given child should be based on that child's unique profile of strengths and weaknesses 5. Data gathering and documentation a. teacher is in good position to collect and evaluate many diverse kinds of information about children b. if child suspected of having problem, careful documentation should be made for possible referral to specialist 1. documentation should be based on reliable behavioral information 2. behavioral information should be drawn from wide variety of sources 3. objective reporting of behavioral data facilitates communication with specialists